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SIXTH INTERNATIONAL CONGRESS ON TUBERCULOSIS

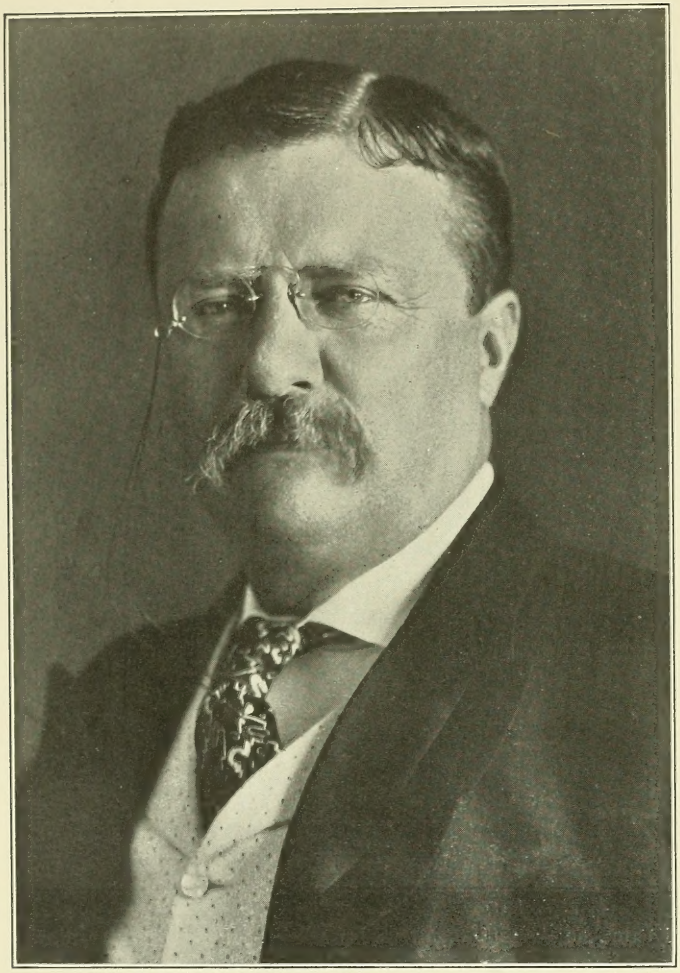
IN SIX VOLUMES

VOLUME FIVE

The Opening and Closing Ceremonies. Report of the Secretary-General. Officers, Committees and Members

WASHINGTON, D. C.

SEPTEMBER 28 TO OCTOBER 5, 1908



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Sixth International Congress on Tuberculosis.

WASHINGTON, SEPTEMBER 28 TO OCTOBER 5, 1908.

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First General Meeting.

OPENING CEREMONY.

Held in the Assembly Hall of the New National Museum, Washington, September 28, 1908.

The opening meeting of the Sixth International Congress on Tuberculosis was held in the Assembly Hall of the New National Museum, on Monday morning, September 28th.

The Secretary of the Treasury, followed by the ministers and ambassadors, the foreign delegates, and the officers of the Congress, went to the platform at 11 o'clock. The hall was filled to overflowing.

The Secretary of the Treasury, Mr. George Bruce Cortelyou, in opening the meeting, announced the names of the Honorary Presidents of the Congress: Dr. Robert Koch, Dr. Louis Landouzy, Dr. C. Theodore Williams, and Dr. Edward L. Trudeau.

The Secretary then proceeded to address the Congress as follows:

Your Excellencies; Delegates and Members of the International Congress on Tuberculosis; Ladies and Gentlemen:

It is a great honor to be called on to preside over this distinguished gathering, and particularly to do so as the representative of the President of the United States, whose welcome and whose good wishes I am commissioned to convey to you this morning. In the name of the American people, for whom he speaks, he congratulates you upon what you have already accomplished and upon the promise of much greater accomplishment in the beneficent work in which you are engaged.

Especially am I commissioned by the President to assure the delegates from foreign lands, who have come here to our American capital, many of them from great distances, to confer with our delegates, that our people gratefully appreciate not only the interest but the spirit of cordial good-will which their governments have shown, and which their presence here testifies.

The great nations here represented have responded most cordially to an invitation most cordially extended. As your hosts, we have looked forward

to this gathering with the hope and the purpose of making it worthy to take its place with the meetings that have preceded it, and if you do not find on every hand the evidences of our deep interest, it is because we have fallen short in our efforts to make this occasion an expression of our sincere good-will and our friendly hospitality.

We are living in a day of great moral and material movements. It is a time of uplift, of widening vision, of deepening research, of broadening coöperation. The days when the people of a State or a nation sat idly by and left to desultory investigation the study of evils which gravely menaced the welfare of large numbers of people are passing away, and in their place we find concerted action, either under governmental inspiration or with governmental encouragement, which in many instances is enlarged into such potent international organizations as this Congress.

It is not my province to make detailed reference to the historical aspects of this movement, nor to the character or extent of the work you are carrying on. All that will be presented to you by those best equipped to do so; but I have thought it would not be out of place on this occasion to give a brief outline of what has been done in this country in the direction of combating tuberculosis.

The first organized movement in the United States was begun by the Pennsylvania Society for the Prevention of Tuberculosis in 1892, under the leadership of Dr. Lawrence F. Flick and others. Since 1892 numerous other societies, leagues, and commissions have been formed, until to-day there are nearly two hundred organizations in the United States.

The National Association for the Study and Prevention of Tuberculosis, under the auspices of which the present Congress is convened, held its first meeting in Washington, May 18, 1905. The operations of this society and of other similar societies are independent of Government control.

The National Government has prescribed rules to prevent the spread of the disease among its employees, and has also established governmental sanatoriums. In accordance with executive order of April 1, 1899, the United States Public Health and Marine-Hospital Service established the marine-hospital sanatorium at Fort Stanton, New Mexico. This institution is located on a Government reservation, the area of which is 45 square miles, in the south central part of New Mexico, with an altitude of 6231 feet, and accommodates an average of 200 patients, who are seamen of the merchant marine.

The War Department maintains a sanatorium at Fort Bayard, New Mexico, and the Navy Department a sanatorium in Colorado.

The Agricultural Department is in various ways contributing to our knowledge on the subject and is furnishing us with most valuable data.

Congress has provided for the establishment of a hospital in the District

of Columbia for the treatment of indigent persons suffering from tuberculosis. The Fifty-ninth Congress, during its first session, made provision for an investigation as to the prevalence of tuberculosis among the Indians and the desirability of establishing sanatoriums for the treatment of Indians afflicted with tuberculosis.

The legislatures of a number of the States have, within the past five years, provided for the creation of State commissions for the purpose of making investigations as to the extent of tuberculosis within the State, and the best means of prevention and treatment, especially with reference to the establishment of sanatoriums. These provisions have in a number of instances resulted in the establishment of State sanatoriums for the treatment of tuberculosis. In several notable instances men of large means and wide influence have lent their support to the movement. On the whole, it may be stated that the people of the United States are keenly interested, and a vast amount of work has already been accomplished, which, in extent and character, compares favorably with that of other countries.

Referring now to the movement at large, the International Congress on Tuberculosis held in Berlin in May, 1899, was the first one held with general international sanction, and was therefore of especial value because of its stimulating influence and the fact that it publicly represented the indorsement of governments of the work. This Berlin Congress and the Peace Conference at The Hague were the most notable events of that year. The former must be considered the most important of the two, inasmuch as its efforts were directed against an ever-present enemy of mankind, while war is only an unfortunate incident in the history of nations.

The menace of tuberculosis from a hygienic and economic standpoint is demonstrable in many ways. It is remarkable that yellow fever, notwithstanding the many panics it has produced, has not caused in the United States in the past one hundred and fifteen years as many deaths as occurred last year from tuberculosis. By figures given for the United States it is estimated that since the year 1793 there have been approximately 100,000 deaths from yellow fever, whereas tuberculosis is estimated to have caused 160,000 deaths last year alone. The mortality of tuberculosis is further emphasized when compared with the bubonic plague in India, which has not, since its first outbreak in 1896, caused as many deaths in that country in proportion to the population as were caused by tuberculosis in the United States during the same period.

Statistics show that tuberculosis in the last four years caused more than three times as many deaths in this country as occurred in action and from wounds received in action during the entire period of the civil war.

The above facts are of great significance, and have contributed to a better understanding of the need of preventive measures. These congresses have

at the same time contributed to a saner attitude with respect to the victims of the disease, its contagiousness, and the method of dealing with it.

We can hardly overestimate the importance of such international medical congresses. This Congress in its several sessions has stimulated the crusade against tuberculosis in England, Germany, France, and Italy, in each of which countries it has been held, and from these countries its influence has been extended in greater or less degree to many others. In our own country the necessary preparations for this gathering have already had a most wholesome effect in awakening interest and enlisting support in every State of the Union. The creation of State committees for representation here has encouraged the organizations in each State, and the work already accomplished by the more active will prove an incentive and encouragement to those who, because of this meeting, for the first time are impressed with the necessity for affirmative and effective action.

But, as in all such international meetings, there is another aspect which is also important, and that is the good that results from bringing together from all parts of the world, for the interchange of views, the leaders in such a crusade. You meet upon common ground. You touch elbows in a common cause. If there are any small differences of opinion, they disappear in the broad discussion of themes that enlist a common sympathy and support.

In his letter to Dr. Flick, accepting the presidency of this Congress, President Roosevelt emphasized this aspect of the conference in these words:

"The International Congress on Tuberculosis is in the interest of universal peace. By joining in such a warfare against a common foe the peoples of the world are brought closer together and made to better realize the brotherhood of man; for a united interest against a common foe fosters universal friendship. Our country, which is honored this year as the host of other nations in this great gathering of leaders and experts, and as the custodian of the magnificent exhibit which will be set up by the entire world, should manifest its appreciation by giving the Congress a setting worthy of the cause, of our guests, and of ourselves. We should endeavor to make it the greatest and the most fruitful Congress which has yet been held, and I assure you of my interest and services to that end."

A similar idea is thus expressed by a writer in one of our leading reviews for the present month.

Said he, this will be "A peace congress in so far as many different nations, with no thought of separate boundaries, will join in the making of common plans. A war congress, because the greatest modern war, against the most common and dangerous enemy of the people, is to be continued with the latest, most modern strategy. Were a war in the United States to take off every year 150,000 persons, we would be horrified beyond measure, and ask if in a modern civilization such things could exist. Yet this is the estimate of the American loss from tuberculosis."

The exhibit which has been assembled in this Congress is of the largest educational value, for here you give the most effective object-lessons, both as to the treatment and as to the prevention of the disease. Dr. Flick, in an able paper on "The Essentials in the Crusade Against Tuberculosis," makes this striking statement.

"The modern crusade against tuberculosis is the logical outgrowth of modern knowledge. Unlike crusades against disease in the past, it is based upon exact knowledge, and not upon empiricism."

May this exact knowledge, fortified by the continued researches of the student and supported by citizen and official alike, be drawn upon to the greatest possible advantage! May the results of this Congress mark a notable advance in the crusade against this dread menace to national and international welfare!

The Secretary of the Treasury then called upon Mr. Henry B. F. Macfarland, President of the Commissioners of the District of Columbia.

Mr. Macfarland said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

The National Capital appreciates the honor and the significance of your coming. Many international conferences are held here, but none of this kind can exceed in importance that which begins to-day in this place. For yourselves and in your representative capacity, and for your cause, you are heartily welcome, and your deliberations will be followed with the keenest interest. In such a gathering as this the nations planning for the victories of peace make ties which they will find it hard to break to war on one another. The solidarity of the human family is strengthened by such a common effort for the general welfare. The executive government of the National Capital, which has been taking a modest part in this warfare on the dread enemy, has just completed the newest municipal tuberculosis hospital, has secured legislation for the registration of tuberculosis cases and the free examination of sputum, is endeavoring to improve the safeguards of the milk-supply, is eliminating the alley slums, and is coöperating with public-spirited citizens in the instruction of the people and home treatment of the sick. We expect to learn much from your instruction and to put in practice all that we learn. Your presence and your counsel will far outweigh the hospitality we offer, but not our desire to make you feel at home.

Representative delegates from participating countries were then presented. The presentations were made in alphabetical order, according to English spelling, as follows:

Argentina	Dr. Fermin Rodriguez, Jr.
Austria-Hungary	Dr. Herman von Schrötter Dr. Laislaw Detre
Belgium	Prof. Josef Denys
Brazil	Mr. Sylvino Gurgel do Amaral
The British Government	Dr. Arthur Newsholme
Canada	Dr. Frederick Montizambert
Chile	Dr. L. Sierra
China	Dr. Shin-fwe P. M. Jee
Costa Rica	Dr. Juan J. Ulloa
Cuba	Dr. Joaquin L. Jacobsen
Denmark	Dr. Bernard Bang
Ecuador	Dr. C. W. Richardson
Egypt	Dr. J. B. Piot (Bey)
France	Prof. Dr. Louis Landouzy
Germany	Prof. Robert Koch
Greece	Mr. Lambros Coromilas
Guatemala	Dr. Ramon Bengoechea
Holland	Prof. N. Ph. Tendeloo
Italy	Dr. Antonio Stella
Mexico	Dr. Eduardo Liceaga
Norway	Dr. F. Harbitz
Panama	Dr. M. J. Echeverria
Portugal	Mr. Sylvino Gurgel do Amaral
Rumania	Dr. S. Irimescu
Russia	Dr. A. Wladimiroff
Siam	Dr. Paul G. Woolley
Spain	Dr. Camilo Calleja
Sweden	Hon. Conrad Cedercrantz
Switzerland	Prof. Fritz Egger
Uruguay	Mr. Luis Melian Lafinur

Dr. Fermin Rodriguez, Jr., speaking on behalf of Argentina, said:

Mr. Secretary of the Treasury, Honorable Delegates, Ladies and Gentlemen:

The high honor that the government of the Argentine Republic has conferred upon me, intrusting me with its representation before this learned assembly, realizes fully a double ambition of my life. It affords me the opportunity of seeing at close range and of appreciating duly the wonderful activities of the great American nation, the cradle of liberty, the point that radiates all initiatives that give origin to great undertakings and noble enterprises.

The representation with which I am invested enables me to see here, assembled in a harmonious union of ideals, the leaders of the scientific progress of the world, whose minds, illumined with the clear and pure light of intellect, and ennobled through long hours of meditation and study, are beacons of hope upon which are fixed the weeping eyes of suffering humanity.

Because, of all evils that afflict mankind, none is more intense, profound, or universal than tuberculosis, for which reason the honorable government that I represent hastened to take part in this gathering, it being convinced, besides, that tuberculosis is, rather than a disease, a most serious social problem, the solution of which pertains to the civilized nations, whose vitality is threatened by the scourge, and whose future is seriously jeopardized thereby—that future which is so dear to countries that strive to attain an honored place in the family of nations, as the Argentine, whose doors are wide open to progress, to all great initiatives, to all healthful breezes that give life to the moral atmosphere of our century, so that in her soil and with the full enjoyment of physical health—an indispensable condition for the realization of all human activities—all toilers of the land may fulfil their beneficial mission under the protection of the laws that insure for us, for our children, and for all those that may establish themselves therein, the blessings of freedom.

In accordance with that policy, and impelled by an earnest desire for peace, labor, and welfare, of which the United States has given us an excellent example, the Argentine participates, through my medium, in this Congress, great by the number of its adherents, by its scientific and social significance, and because it includes in its body illustrious men to such an extent that, to us who come from distant lands, it seems as if we were witnessing the apotheosis of the learned who—as Koch, the discoverer of the bacillus, and the representatives of the medical school of France, worthy continuers of the work of Villemin and Laënnec—determined definitely, with their labors, the direction of the struggle against the dreadful scourge.

I have mentioned France, and at this point I wish to pay ample tribute to the memory of one of her most eminent sons—Grancher, the illustrious professor whom death claimed recently—Grancher, who, by his explanation of the physical signs that lead to the early diagnosis of tuberculosis, placed in our hands one of the most efficient elements to save the lives of millions of beings and to convince us that it is an incontestable fact that "tuberculosis is the most curable of chronic diseases."

Gentlemen of the Organization Committee: You have fulfilled the promise that you made when, in October, 1905, at the closing session of the Congress of Paris, you requested, through Dr. Flick, that the next meeting be held in Washington.

Your cordial hospitality, the immense amount of labor undertaken, and the fellow-feeling that in this great nation surrounds the members of the Congress, impel us to give you our sincerest congratulations, and to express our deepest gratitude.

The Secretary-General read the following telegram from the Minister for Austria-Hungary:

The Austrian as well as the Hungarian Government send their cordial greetings to the International Congress on Tuberculosis at its opening, and have desired me to express to it their great interest in, and best wishes for, its work.

BARON HENGELMÜLLER VON HINGERVAR,
Minister for Austria-Hungary.

DR. HERMAN VON SCHRÖTTER, speaking for Austria, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

As one of the members of the Austrian delegation, appointed by the Home Office and the Ministry of Public Instruction, and speaking also for my colleagues, Dr. Julius Bartel and Dr. Clemens von Pirquet, I consider it a great honor to stand here and to offer you our hearty compliments and best wishes for the success of this remarkable meeting. May I be allowed to state that Austria has been, in different directions, among the foremost to undertake practical work against tuberculosis. I do not need to mention that we took the most active interest in this Congress, which, for us, has a particular delight and charm, as the present meeting is held under the Stars and Stripes of America.

Proceeding in his own language, Dr. von Schrötter said:

Jeder Tuberkulose-Kongress bildet, wie heute wohl allgemein anerkannt wird, einen Baustein im Fortschritte unserer Kultur; er bedeutet eines der vielleicht fruchtbringendsten Werkzeuge der allgemeinen Friedensidee, indem sich im Rahmen unserer Versammlung alle Nationen frei von Sonderinteressen vereinigt haben, um einen allen gemeinsamen Feind zu bekämpfen. In dieser Auffassung, welche in der internationalen Vereinigung gegen die Tuberkulose ein wirksames *Kulturmittel* erblickt, das die einzelnen Völker einander näher bringt, darf hier vielleicht daran erinnert werden, dass es heuer gerade 50 Jahre sind, dass die *alte und neue* Welt durch die Vollendung des ersten transatlantischen Kabels verbunden wurde. Hat dieses epochale Werk den Verkehr der Völker diesseits und jenseits des Ozeans in einer

früher ungeahnten Weise gesteigert und einen raschen und *regen Austausch der Fortschritte* da und dort ermöglicht, so mag das 50jährige Jubiläum dieses grossartigen Menschenwerkes als ein besonders günstiges Omen für die Tagung unseres Kongresses betrachtet werden. Das Kabel, bisher den verschiedensten Beziehungen der Menschen dienlich, wird diesmal Erkenntnisse über die Erde zu verbreiten helfen, *welche die Arbeiten dieses Kongresses im Kampfe gegen die Tuberkulose liefert* und damit ein gewichtiges Hilfsmittel unseres Armentariums sein. Was wir heute erfahren oder beschliessen, erweckt schon am *morgigen* Tage die regste Teilnahme und das wärmste Interesse nicht nur der Fachleute, sondern auch schon der *breiten Schichten der Bevölkerung* in den entferntesten Ländern. Wenn, wie so häufig, *Technik* und *Medizin* einander ergänzend zum allgemeinen Volkswohle und zum Fortschritte der Menschheit zusammenarbeiten, so dürfte—wieich glaube—das Kabel, indem es diesmal den Bestrebungen *unserer* Tagung und unseren Zielen dient, an dieser Stelle als ein Beispiel in dem ange deuteten Sinne genannt werden.

Die wissenschaftlichen Anschauungen und die daraus resultierenden prophylaktischen Massnahmen entfalten eine umso segensreichere Wirkung wenn sie durch das gesprochene Wort verbreitet und popularisiert werden und wenn in den Mitteilungen der Fachleute auch *lokale Momente,* die Verhältnisse und Bedürfnisse des Bodens zum Ausdrucke kommen, dem sie ihre Entstehung oder besondere Färbung verdanken. Dadurch bieten aber auch die internationalen Versammlungen die *Gewähr* dafür, dass wir hinsichtlich der prophylaktischen Massnahmen, die für jedes Land ausgearbeitet werden, *nicht einseitig* vorgehen, sondern die Erfahrungen anderer Länder und Städte verwerten können und uns an deren Fortschritten bilden, wo diese auch immer gemacht wurden. In dieser Richtung haben wir auch bei Ihnen in *Amerika,* und so vor allem an den mustergiltigen Institutionen Ihrer grossen Städte reichlich Gelegenheit gehabt, *Neues* zu lernen und demgemäss für das Empfangene dankbar zu sein. Was wir, meine hochverehrten Herren, bei Ihnen in der neuen Welt auf dem Gebiete der Tuberkulosebekämpfung gesehen haben, wird nicht ohne fruchtbringenden Einfluss auf die gleichgerichteten Bestrebungen auch bei uns an der *Donau* sein.

In the name of the Austrian Delegation, of the City of Vienna, from which I have a special authorization, and of our two most prominent private associations, full of sympathy for your interesting country, and our amiable coöperators in the United States of America, I may be allowed to repeat my wish that this Congress, in its endeavor to struggle against tuberculosis, may have the most pronounced success, and may keep our campaign in renewed and full activity

Prof. Josef Denys spoke extemporaneously, in French, in behalf of Belgium.

Mr. Sylvino Gurgel do Amaral, speaking on behalf of Brazil, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

I feel greatly honored in having this opportunity to express, as the representative of my country and of the ambassador of Brazil, who is unavoidably prevented from being present, a few words before this memorable gathering of the foremost and most highly respected scientists of the world. Allow me to say that for the first time in my life I regret in some way to be a diplomat. I wish I could have now, instead of some diplomatic knowledge, a good medical learning and experience, being thus enabled to appreciate thoroughly the merits of your high achievements. But although placed in such an unfavorable position, I rise to the situation when I see, as everybody does, that, from this present great meeting, incalculable benefits will flow to science, to the welfare of mankind, and to this high ideal of modern civilization that may be embodied in the following principle: the brotherhood of healthy men in the brotherhood of enlightened nations.

Brazil is now trying to destroy, or, at least, to curtail, tuberculosis at home, with the utmost determination of her scientists, according also to the best standard of means and methods, and with the same spirit of perseverance that has already succeeded in relegating to the history of past events the yellow fever of Rio de Janeiro, of Santos, of Sao Paulo, and of other Brazilian great centers of wealth and population, changed nowadays into healthy resorts for the display of men's activity and enjoyment of life. All I can say is that we are faithful to the record in the antituberculosis cause that has been so highly acknowledged by the International Congress on Hygiene of Berlin.

Interpreting the sentiments of the government of Brazil and of my countrymen, I hereby transmit their best wishes for the unqualified success of this International Congress, together with their hearty thankfulness to the United States Government and to the American people, for the unsurpassably courteous sheltering they are affording us in this universal cause of health against disease, of the human mind against nature's deficiencies.

Dr. Arthur Newsholme, speaking on behalf of the British Government, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

In presenting the cordial greetings of the British Government to this great Congress I speak not only for England, but also for my colleagues,

Mr. MacDougall, C.B., of the Scotch, and Dr. Stafford, C.B., of the Irish Local Government Board. I am confident also that I speak for the many British delegates and representatives here present who, equally with the British Government, are heartily in sympathy with the great crusade against tuberculosis, and are wishful to help to the utmost in bringing it to a successful issue.

This Congress even more than its predecessors will aid us in this noble object. Each of the many countries here represented brings contributions which represent work achieved from a special standpoint; and by the focusing of these rays of light at our meeting here our future work will be illuminated to an extent which could not otherwise be secured.

Even in the case of the United Kingdom of Great Britain and Ireland we have an illustration of how the same problem may be approached from different standpoints. In all parts of the United Kingdom, but more particularly in England and in Scotland, immense advances have been made in the control of tuberculosis by indirect measures of social and sanitary improvement, which, although they have not been undertaken primarily with that object, have borne a large part in the success secured. Among these are to be included improved social conditions, implying better and more food for the masses of the people, better clothing, improved housing, and less overcrowding. These have been powerfully aided by one of the most striking social changes of recent times. During the last forty years institutional treatment has to a very great extent replaced domestic treatment of disease, not only in general and special hospitals, but still more in the workhouse infirmaries of England and Scotland. In Ireland, on the other hand, institutional treatment of sickness has declined; and we have associated with these important facts the differing course of the death-rate from tuberculosis in Great Britain and in Ireland. In the former, during forty years, institutional treatment of disease has been doubled and the death-rate from tuberculosis has been halved; while in Ireland reduction of institutional treatment has been associated with an increased death-rate from tuberculosis.

In direct measures against tuberculosis Scotland has led the way, and notification of cases—an indispensable preliminary to efficient action—has already been made compulsory for about 15 per cent. of its total population; while the dispensary system inaugurated many years ago by Dr. Philip in Edinburgh has in that city been a most valuable aid to preventive measures.

The Government of Ireland is at the present time promoting a bill to secure general compulsory notification of cases of pulmonary tuberculosis in that country; and we wish it God speed! In England such notification is enforced under local acts in three towns—Sheffield, Bolton, and Burnley; while a large number of districts have voluntary notification of cases.

I have the honor to announce on behalf of the Right Hon. John Burns, the President of the Local Government Board,—our Ministry of Public Health,—that an order will shortly be issued by him rendering obligatory the notification of all cases coming under the care of the poor-law medical officers, both when first seen and when admitted to an infirmary; and rendering obligatory the notification of all changes of address of such patients by the lay poor-law officials.

We British delegates expect to learn much from our visit to our kinsmen in this great country and to this Congress; both in respect to active administration and of freedom from the shackling influence of a too great regard for past precedent. We look to our meeting here to stimulate us to further and more successful efforts for what should be our highest ambition, the betterment of mankind.

Dr. Frederick Montizambert, speaking on behalf of Canada, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

I have the honor to have been delegated by the Government of the Dominion of Canada to be the bearer of their cordial greetings to the officers and members of this Congress, and of the expression of their earnest and confident hope for its complete, its entire, success.

Dr. L. Sierra spoke extemporaneously, and in French, as the official representative of Chile.

Dr. Shin-fwe P. M. Jee, speaking in behalf of China, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

In making the response for China, let me first express thanks for the invitation, extended to my country, to participate in this most important Congress. Realizing the high value of the Congress and wishing to coöperate in the prevention and eradication of tuberculosis, my country delegated two representatives to this Congress.

The Chinese science of medicine is an ancient one, dating back several thousands of years. The system has been practised with great success for many ills, but in the light of modern medicine, according to the standard of western medical science, the system is inadequate.

We have come here to learn the latest scientific knowledge, the most modern ideas, and the most successful methods of diagnosis, prophylaxis, and treatment of tuberculosis. These we shall carry back to our country, to be engrafted into the best of our system of medicine. And I hope we shall reciprocate in the near future, by contributing the best of our Chinese science to the western medical world.

Tuberculosis has a strong hold upon the vast population of China, especially upon the inhabitants of the overcrowded cities. Ignorance of proper sanitation and cleanliness makes these centers the hotbeds of the germs. The common people are not educated to take precautions against infection, the sick are not careful against spreading the disease, and the government makes little or no provision for the prevention and cure of incipient cases. The foreign medical missionaries from America and Europe have, however, begun the fight in China against the tubercle bacilli, but I believe the main work must be accomplished by native medical men, men who have been trained along modern lines. The control of this scourge in the vast Chinese Empire, and especially in her large congested cities, is a crusade which must be prosecuted with all the vigor, science, and knowledge of the western medical world. Consequently, China needs the best, the very best, that western nations have to offer to perform this herculean task of controlling the "great white plague" in the far East. We have come here to learn. Your fine exhibits and careful demonstrations are exceedingly interesting and instructive, many of which, no doubt, will be utilized by China in the future.

In behalf of my country, I wish to express our profound appreciation of the task which you are undertaking for the benefit of humanity. I hope the day is not distant when China will be honored by the International Tuberculosis Congress at her capital, Peking. I thank you.

Dr. Juan J. Ulloa, speaking in behalf of Costa Rica, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

It is my pleasure to extend the most cordial greetings to the President and to the people of the United States of America, in the name of the President and of the people of the Republic of Costa Rica, whom I have the honor to represent at this most important meeting of learned benefactors of humanity in their endeavors to diminish the ravages of the greatest scourge of the civilized world.

As the present meeting is held in this great republic, whose well-applied forces, transmuted into marvelous progress, are the admiration of modern times, let us hope that the stimulus of North American energy will exert its powerful influence in the solution of the problems which the International Congress on Tuberculosis has to consider; so that after a thorough discussion of the teachings of the best authorities, and after the careful consideration of the lessons of experience, the most practical decisions will be arrived at.

Costa Rica, a small country where peace reigns, constantly working for its advancement, comes only to learn and to profit from your experience

and from the light given out by the brilliant stars of the heaven of knowledge. She cherishes the most fervent hopes for the success of the Sixth International Congress on Tuberculosis.

Just as the eighteenth was the century of steam, and the nineteenth that of electricity, the twentieth must be the century of the victory of advanced sanitation, in its holy war on disease, for the good of mankind, and for the glory of science.

Dr. Joaquin L. Jacobsen, speaking on behalf of Cuba, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

The Republic of Cuba, in its desire to respond to the generous invitation of the American government, has sent five representatives to this Congress, and in the name of my country and my colleagues I have the honor to greet the government of the United States, the delegates to this Congress, and all the members congregated here.

This gathering is of marked interest to Cuba. In our country, as in all others, tuberculosis occupies an important place in the mortality statistics, in spite of the labors of the Department of Health, and those of the League against Tuberculosis, the representation of which at this International Congress I also bear. And it is well that this Congress should have the name of International, not only because all the nations take part in it, but—and in this lies its singular importance—because its studies and deliberations belong to us all equally.

This solemnity has, therefore, a universal character, and for its celebration your country has been selected properly, having devoted such particular attention to the study of tuberculosis. I may speak thus because I know its works on tuberculosis, and have visited several of its numerous sanatoriums and dispensaries, and some of its benevolent institutions, among them the Committee of the New York Charity Organization Society and the Phipps Institute. I know, also, the National Association for the Study and Prevention of Tuberculosis, where palpitates a feeling, essentially humanitarian, that sustains the work, pushes it, and explains the success thus far obtained.

This great movement appears to be directed by a brilliant group of men, great in science and the love of their country. This great people, in its efforts to eradicate tuberculosis, employs a procedure which is truly admirable. Besides the well-organized official services, private initiative reinforces and sometimes substitutes the action of the government by a powerful, spontaneous, and general movement, indicating true social solidarity, and expressing the high standard of culture and progress of the American nation.

This Congress must yield important results, and the work accomplished

will mark an advance in the study of tuberculosis, for the progress of science and for the benefit of humanity.

Dr. Bernard Bang, speaking on behalf of Denmark, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

As one of the representatives for Denmark, I have the honor to express our best wishes for the success of this great Congress.

My country is a very small one, but I am happy to say that we have done not so little for combating tuberculosis in man as well as in cattle, the Danish government and the Danish people being deeply interested in the fight against this scourge of mankind.

We come to you to see and learn, and the few days of our sojourn in your country have already shown us that also in this field you are in the front rank. I am fully convinced that you, the most energetic among the nations, will continue successfully and will be able to accomplish this noble task.

Thanking you cordially for the very kind manner in which you received us, we beg you to accept our best wishes for the happy results of your labors.

Dr. C. W. Richardson, speaking in behalf of Ecuador, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

The Republic of Ecuador, through me, its representative before the Sixth International Congress on Tuberculosis, wishes to express thanks for the kind words of welcome spoken by the distinguished representative of the President of the United States. It wishes also to express its great pleasure in being represented among such a distinguished body of international representatives, congregated for the purpose of scientifically advancing the study of the great problems before this body. It felicitates the organization on its auspicious opening. Ecuador, through its geographical position, by nature being endowed as a great sanatorium for the treatment of tuberculosis, has always taken an intense interest in the study of this disease. The distinguished French physician, Charcot, was accustomed, in addressing his classes, to refer to the advantages in altitude, climatic and physical conditions, offered by Ecuador to those infected with tuberculosis.

The government of Ecuador and the profession are keenly alive to the advancement along all lines and phases of this great problem, and are working in unison to accomplish the purposes for which we are called together.

It pleases me to state, in closing, that one of the most scientifically equipped and administered sanatoriums in South America is now in the course of construction in Quito.

Dr. J. B. Piot (Bey), speaking for Egypt, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

En m'appelant à prendre la parole à titre de représentant officiel pour l'Egypte, M. le Président me fait un grand honneur, mais c'est un honneur immérité.

Je n'ai reçu, en effet, aucune délégation officielle du Gouvernement égyptian, et j'ai le regret de me trouver le seul adhérent venu des bords du Nil participer au Congrès, et ce, à titre purement personnel.

C'est donc seulement à ce titre que je forme les voeux les plus sincères pour le succès du 2ème Congrès International de la Tuberculose.

Prof. Dr. Louis Landouzy, speaking in behalf of France, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

Avec le cordial salut du Président de la République Française à la plus grande Amérique, la Délégation française a l'honneur d'apporter les voeux formés par M. Fallières pour le succés de vos nobles entreprises.

Des sociétés savantes, particulièrement de l'Académie de Médicine de Paris; des Universités; des Instituts; des Praticiens; des Hôpitaux; des Ecoles Vetérinaires; des Oeuvres et des Ligues antituberculeuses; de l'Association centrale contre la tuberculose de France, j'ai l'honneur d'apporter l'ardent concours à cette réunion internationale scientifique et humanitaire, où, dans sa glorieuse capitale, nous convie l'Union Américaine.

Quel heureux présage pour le succés de cet autre congrès de la Paix (paix armée aussi, contre un ennemi commun) qui réunit savants et philantropes de cinq parties du monde; quel heureux présage que de nous trouver groupés à l'appelle de son Excellence le Président Roosevelt, dont la foi dans le progrés, proclame qu'une part de notre idéal humanitaire se réalisera ici, grâce aux hommes d'énergie, qui, de deux hémisphères, viennent chercher la Verité.

Avec entrain, sous le haut patronage de votre ardent optimiste, son Excellence le Président, nous venons travailler.

Nous pensons que, pour nous aussi, il y a sur la tuberculose, sur les miséres humaines, comme sur la nature, de plus grands victoires encore à gagner, que celles remportées par Jackson supprimant la douleur opératoire; par Pasteur découvrant la nature animée des maladies, et, à la source même du mal puisant les vaccinations libératrices . . . . tout comme, jadis, Benjamin Franklin vous délivrait de la foudre!

Nous qui venons des quatre points du globe, nous ne doutons pas, que, pour la cause defendue par nos croisades antituberculeuses, il n'y ait en

réserve de triomphes plus splendides encore que ces déjà remportés sur la phtisie, par les Laënnec, par les Villemin, et par les Robert Koch!

Nous ne doutons pas, que le siècle de Pasteur, qui, dès son aurore, a su réduire la Rage, la Diphthérie, la Malaria, le Tétanos et les Morsures de Serpents; qui vous voit armer victorieusement contre la fièvre jaune; n'assiste enfin à la mort de la tuberculose!

C'est avec leurs voeux pour le plus grand succés du Second Congrès international de la tuberculose, vers qui, au travers des océans, volent tant espérances; c'est avec leurs voeux agissants, leur fraternelle collaboration, qu'apportent:

Aux Etats Unis d'Amérique; au Comité organisateur du Congrès de Washington;

À leurs collégues de l'Union . . . qui, dans les domaines de la phtisiologie, de l'hygiene, de la neurolgie et de la chirurgie triomphante, portent haut la science Américaine . . . les Médicins, les Bactériologists, les Hygienists, les Philantropes, vers vous envoyés par la République soeur, par la France.

Dr. Robert Koch, speaking in behalf of Germany, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

As a delegate of Germany, I have the honor to express the thanks of the Imperial German Government for the invitation to participate in this Congress, and it gives me the greatest pleasure to convey the good wishes for success in your work.

The tuberculosis situation in Germany has become distinctly favorable during the last three decades. Thus, for example, the rate of mortality due to tuberculosis in Prussia has been reduced to practically one-half. This is equivalent to a gain of about 30,000 lives per annum. In Germany we do not, however, rest content with this decrease, nor do we think that this reduction will continue at the same rate. We are active in trying not only to maintain but to enhance this diminution. For this purpose numerous sanatoriums have been established in which annually 40,000 tuberculosis patients are cared for during a period of three months.

Furthermore, there have been established in many of our large cities so-called "Fürsorgestellen" for tuberculosis patients, where most efficient preventive work is being done. The enactment of laws for the improvement of the housing of the masses is contemplated and is at present much discussed. For a more thorough study of tuberculosis in all its aspects, and in order to find new ways and means for effectually combating tuberculosis, the Robert Koch Stiftung has been created. The work of this institute will not be restricted to Germany, but all nations will be benefited thereby.

It is for this reason that I recommend the Robert Koch Stiftung to the good-will of all those who desire to participate in the general crusade against tuberculosis.

You will realize that, in view of this, the German Government takes a particular interest in all that tends toward the solution of the tuberculosis problem, and you may rest assured that Germany watches the deliberations of this Congress with the keenest interest.

His Excellency, Mr. Lambros Coromilas, speaking on behalf of Greece, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

Ce m'est un très grand honneur que d'avoir été désigné pour représenter la Grèce à la sixième réunion du Congrès International contre la Tuberculose, et pour adresser à cette occasion le salut cordial de mon pays au Président et au peuple des Etats-Unis. A voir le concours empressé que tant de sociétés savantes, tant d'institutions et tant d'hommes éminents y ont apporté, à voir les mesures prises par le Gouvernement des Etats-Unis pour faciliter ses travaux, on ne peut guère douter que cette session, tenue dans la belle et hospitalière capitale de ce grand pays ne marque une étape décisive dans la campagne que la science médicale mène contre un des fléaux qui ont le plus décimé d'existences humaines.

Il n'est assurément pas de spectacle plus réconfortant que celui de ces grandes assises internationales où la science, qui ne connait pas les barrières séparant les nations, s'étant fait le champion de cette noble idée de fraternité et de solidarité générales, convie toutes les races du monde, tous les Gouvernements et tous les municipalités à s'intéresser aux maux dont souffre l'humanité, à combiner leurs efforts en vue de diminuer les dangers qui menacent surtout les faibles et les indigents d'entre nous. L'ère des Congrès scientifiques a inauguré l'ère des victoires de la science sur la souffrance de peuples. Heureuses victoires où l'on ne compte pas le nombre des morts sur un champ de carnage, mais où l'on compte les existences que l'on a pu soustraire à la mort, douces victoires, dont la conclusion finale ne se trouve pas dans l'augmentation des tombes des cimetières, mais dans le nombre croissant des foyers où l'on a pu apporter la santé et le bonheur. L'armée qui combat la Tuberculose peut être fière de son oeuvre. De cette armée, nous avons ici de glorieux généraux, de brillants officiers. Laissez-moi leur exprimer les voeux les plus chaleureux de la Grèce pour l'heureuse issue de leurs travaux, et laissez-moi leur souhaiter le succès dèfinitif dans l'admirable lutte qu'ils ont entreprise.

Dr. Ramon Bengoechea, speaking on behalf of Guatemala, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

Como Delegado Oficial del Gobierno de Guatemala, á este Congreso della Ciencia, bienhechora de la humanidad, os dirigo mi atento y cordial saludo, sintiendome poseido del mayor entusiasmo al hacerlo, por la significación que certámenos de la indole del presente, tienen para la marcha progresiva de la ciencia, y por los incalculables bienes que la especie humana habrá de cosechar, merced á vuestras sabias deliberaciones.

Cumplo asi mismo con el muy grato deber de felicitar al Supremo Gobierno de esta gran Republica, por el celo de que ha dado gallarda muestra al congregar en su hermosa Ciudad Capitolina un cuerpo tan disinguido de facultativos, de ilustres varones inspirados en los más altos y nobles finas, y cuya fama há traspasado las fronteras do sus propias Patrias.

Al hacer fervientes votos porque la fraternidad nos una, en estas filantropicas labores, destinadas á dar cientifica solución á los arduos problemas que cada se presentan en el ejercicio de la nobilisima profesión que practicamos, los hago tambien porque estos trabajos sean fructiferos para aquellos que nos digan en el camino espinoso recorremos, dejandoles amplios derroteros para que quepuedan proseguir su marcha, aliviando asi los dolores de la humanidad que sufre.

Que vuestras labores sean eficaces y provechosas, y correspondan á los elevados propositos de los iniciadores de esta asamblea, son los vehementes deseos del Gobierno de Guatemala y los mios propios.

Prof. N. Ph. Tendeloo, speaking on behalf of Holland, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

I have the honor to greet you in the name of my gracious sovereign, the Queen of Holland.

Between the United States of America and Holland there are many cordial relations—some of historic importance, all of them interesting and uninterrupted. While America, on one hand, appreciates Dutch art and Dutch science, Holland admires the gigantic development of this, one of the greatest nations of the world; gigantic not only in works of stone and iron, but gigantic also in progress, social, economic, and scientific. I express the hope that this Congress may have complete success, both social and scientific, such success as may be expected from America.

Dr. Laislaw Detre, speaking for Hungary, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

The Hungarian National Committee of the Congress on Tuberculosis, composed of representatives of all corporations interested in tuberculosis,

sent me as a delegate to this international gathering. My country is among those nations which are making the greatest efforts in fighting tuberculosis as a disease of the masses. We hope this Congress will fulfil our desires toward the restriction and later the extinction of this terrible plague, which makes greater ravages among our population in a few years than all wars have done during two hundred years. I am happy that this assembly meets here in Washington, the capital of the glorious United States, so much admired by Hungarians, and I heartily greet you in the name of Hungary.

Dr. Antonio Stella, speaking on behalf of Italy, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

In the name of His Excellency, the Italian ambassador, I have the honor to deliver to the International Congress on Tuberculosis the greetings and the good wishes of the Italian Government. I am especially charged to convey the greetings of the Minister of the Interior and the Italian Department of Public Health, which I have the honor to represent; of the Commissioner General of Immigration, represented by Mr. Ernesto G. Fabbri; of the Navy and Army Department, represented by Captain Ernesto Mensa; and of the Minister of Public Instruction, represented by Professor Nicola De Dominicis, of the University of Naples.

The interest that Italy takes in this International conference is not perfunctory or formal, but owing to the great tide of immigration that sends to the United States an average of 200,000 Italians yearly, and considering the great Italian communities which have sprung up in this vast continent, —some of them larger than the largest city in our own kingdom,—the Government and the people of Italy are watching with the keenest interest and most profound sympathy the results of this conference.

Such interest is further enhanced by the fact that while we send you the pick and flower of our working people,—not the riff-raff, as some would have you believe,—and 84 per cent. of them are between the ages of fifteen and forty-five, carefully selected at the ports of embarkation and debarkation, many of these people return to Italy, after a few years of residence in the United States, broken down and infected with the seed of tuberculosis, which they carry to their small towns, where the disease was previously unknown.

Shall we lay the blame of this deterioration at the door of this glorious and hospitable republic. Not by any means. The fault is all with the immigrants themselves, who, through lack of knowledge and guidance, fall back with mechanical gravitation to the cities, and these they congest to the point of suffocation.

The problem is therefore preëminently and emphatically one of dis-

tribution of the immigrants; a problem of social therapy, which concerns more the legislative and executive power than the field of medicine proper, and for that very reason it is a most appropriate subject for an International Congress of this kind, where the representatives of all nations here assembled can point out the way by which a mutual understanding can be reached between the governments, both of the country where the immigrants come from and the one where they go to.

I have now the pleasant task of inviting the representatives of the United States, the members of this Congress, and all those here present, to attend the next International Tuberculosis Congress in Rome, in 1911. I hope the Central Committee will accept this request, and will at the proper time place it before this assembly for approval. Rome is to celebrate in 1911 her fiftieth anniversary as capital city of Italy, and will have a great exposition and special festivities for the occasion. I have no doubt you will have pleasure in coming to the country which has been for centuries the seat of arts and science, the country which gave the world of medicine the pioneer of morbid anatomy, the great Morgagni, who had the intuition of the infectious nature of tuberculosis long before the discovery of the great savant here present; the country which in centuries past had enacted special legislation in Naples and Tuscany condemning to the purifying flames the effects of all persons dying from consumption, of which the present disinfecting methods are nothing but a copy with some modifications.

I extend you therefore a hearty invitation to Rome in 1911—Rome, "Caput Mundi," the intellectual capital of the world.

Dr. Eduardo Liceaga, speaking on behalf of Mexico, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen;

I avail myself of this happy opportunity to express, in the name of my country, the satisfaction of meeting you here assembled for the noble, the holy, purpose of combining your efforts in the struggle against one of the calamities which are undermining the very existence of civilized nations, a consequence of human congestion in the great cities, and of the necessary and reciprocal contact of sick persons with healthy ones in the unavoidable agglomeration of dwellings, in the close contact of the members of the family, in the indispensable contiguity of shops, factories, schools, and churches.

To know this common enemy, to detect it beforehand, to avoid it upon knowing it, to attack it if it has already invaded one of our fellow-beings, for this purpose you have come here; but before carrying out your purpose, you propose to carefully examine the weapons you are going to fight with, and submit them to the consideration of your fellow-workers.

I congratulate you, gentlemen, on the excellent exhibition of the weapons with which you propose to fight.

There has never been presented a better or greater example of combined action for the accomplishment of a single purpose. What a wealth of information! What a great number of surprises these statistics have given us! What a variety of ways of solving one and the same sanitary problem! What a uniformity of purpose in condensing in concise, clear, and simple rules all that *should be done* to protect ourselves against the much-feared tuberculosis, and all that *should not be done* for fear of contracting it.

Gentlemen: This exposition is the most comprehensive, the most complete, and best organized of those which have heretofore been made, and for this reason I heartily congratulate its organizers.

Gentlemen: What a beautiful and inspiring spectacle this Congress affords us! There was a time when the Organizing Committee said: "Let every one who takes a deep interest in completely eliminating tuberculosis from all mankind come here."

Here they came, and here the workers from all cities, both of the new and the old world, are assembled, each bringing his share to exchange it for that of other men in this great exposition of learning, where ideas are exchanged instead of merchandise; where one's own experience is exchanged for that of another; where we learn that which those most advanced in science come to communicate to us, those least advanced in the knowledge of said science profiting thereby.

Blessed be the confraternity for the common good! All praise to the authors of this noble idea!

Gentlemen: In the name of Mexico, I thank this city which has imposed upon itself the task of giving hospitality to all the men who have assembled here for the purpose of working in behalf of peace, science, and humanity.

Gentlemen: The working material is waiting for us, therefore let us work.

Dr. F. Harbitz, speaking on behalf of Norway, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

As a delegate from Norway, I bring to you the compliments of my country and its government.

Norway, though situated far in the north, and offering, in certain parts of the country, very difficult natural conditions, takes eagerly a part in the crusade against tuberculosis. Norway has passed a special law concerning tuberculosis and can report good results. When the invitation came to us to participate in this Congress, Norway at once seized the opportunity of sharing in this meeting, which surely will give rich results.

Norway sends its most sincere thanks and greetings to the government of the United States and to the presidency of this Congress.

Dr. Martin J. Echeverría spoke extemporaneously as the official representative of the Republic of Panama.

Mr. Sylvino Gurgel do Amaral, speaking on behalf of Portugal, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

I believe that no one in this assembly has the privilege I am now enjoying of rising twice to address myself to you as the representative of two governments, notwithstanding the fact that both Brazil and Portugal have never before intrusted such important mission to such an inadequate, although convinced, exponent of their respective high endeavors toward the betterment of science.

It is indeed a great honor for me to speak now as the representative of Brazil's mother-country,—Portugal,—and to speak to you as the representative also of a Portuguese scientific institution, the "Assistencia Nacional Portugueza Contra a Tuberculose," of Lisbon, whose achievements have risen to the summit of human perfection, in the actual state of science, through the incomparable devotion of a queen, through the abnegation and boundless charity of that most unfortunate, and yet most glorious and admirable of the women of our times, Queen Amelia of Portugal.

The political agitations or misfortunes of her adopted country have never halted her efforts to soothe the suffering of people of all countries, when the sufferers were found within her own kingdom.

From the splendors of her palace to the death chambers of her hospitals she has stepped numberless times. Knowing how to be a queen, she has never forgotten how to be a woman. And now, when the last ghastly echoes of the Portuguese tragedy of February are dying away, that great royal nurse is again, on the one hand, training in her palace a new king for a most glorious nation, and, on the other, prolonging life or soothing the last hours of the cherished sufferers of her hospitals.

The great honor of voicing, now, to this distinguished assembly, the personal, hearty greetings of Queen Amelia and of the Portuguese government and nation falls to me. They desire me to convey through you, Mr. President, their best wishes for the complete success of this International Congress, expressing at the same time to the United States Government and to the American nation their keen sense of gratification for the splendid hospitality afforded to men of all countries in this city of Washington—this city of glorious memories, the promising center of great universal activities.

Dr. S. Irimescu, speaking on behalf of Roumania, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

Nous sommes venus dans votre pays où le progrès tient du miracle pour affirmer dans un labeur commun la part que chacun de nous prend à la lutte antituberculeuse. Dans cette lutte comme partout ailleurs vous avez su vous montrer comme les pionniers que rien n'arrête, et avec le même élan et cet essor merveilleux, qui est la caractéristique de votre peuple, vous avez su prendre les devants et donner, comme sur des nombreaux points dans d'autres domaines, des examples dignes d'être retenus par tous ceux qui s'interessent à la lutte antituberculeuse. De tous les côtés vous avez su trouver aide et collaboration. Nous voulons nous inspirer de votre grand exemple et nous tâcherons d'emporter dans nos pays l'enthusiasme intrepide et la volonté tenace que vous font avancer a pas de géants dans la lutte antituberculeuse.

Au nom du Gouvernement roumani je souhaite de tout mon coeur le succès le plus complet au congrès de la tuberculose. Ces grandes assisses internationales de la science doivent donner l'exemple de ce que peuvent faire les efforts réunis des hommes contre les deux grandes obstacles qui s'opposent au bonheur humaine: la misère et la malade.

Dr. A. Wladimiroff, speaking on behalf of Russia, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

Angesichts dieser glänzenden Versammlung, beim Anblick dieses geschmückten Saales, wo die Fahnen aller Nationen der Welt prangen unter dem gastlichen Sternenbanner der Vereinigten Staaten von Nordamerika, könnte der Uneingeweihte vermeinen, dass wir zusammengetreten sind zu jubelndem Völkerfest. Aber hoch über allem Flaggenschmuck ragt hehr und ernst das rote Doppelkreuz, das Wahrzeichen einer der heiligsten Aufgaben der Menschheit, des Kampfes gegen die Tuberkulose.

Alle Nationen haben ihre Vertreter hierher entsandt zu gemeinsamer Arbeit, um ihre Erfahrungen auszutauschen, um zu geben und zu empfangen. So auch Russland. Wir sind uns jedoch bewusst, dass wir dieses Mal mehr zu empfangen als zu bieten haben; denn unsere Heimat, durch Ungemach aller Art schwer geprüft, war in den jüngstverflossenen Jahren gehemmt in der Betätigung seines Interesses für den Kreuzzug gegen den gemeinsamen Feind. Dass jedoch dieses Interesse bei uns nicht erlahmt ist, bezeugt schon die grosse Zahl russischer Aerzte und Aerztinnen, welche sich gegenwärtig in unserer Mitte befinden.

Indem ich den Kongress begrüsse im Namen der Regierung, welche mich hierher entsandt hat, sowie im Namen der hier anwesenden und der

in der Heimat verbliebenen Tuberkulosekämpfer Russlands, tue ich es in der Gewissheit, dass die Arbeit des Kongresses von Erfolg gekrönt sein wird, und in der Zuversicht, dass der Same, den wir von hier mitnehmen, uns daheim in reicher Ernte aufgehen wird.

Dr. Paul G. Woolley, speaking on behalf of Siam, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

I have the honor to bring greetings to this Congress from His Majesty King Chulalongkorn and the people of Siam.

Siam would learn of you. Her advance along the lines of hygienic reform has not yet reached tuberculosis, but she realizes that in the near future she must turn her attention to this plague which is the cause of more deaths, within her boundaries, than the bubonic plague and cholera combined. She is already interested enough to send a representative to this Congress.

Heretofore, in all her medical advance, Siam has followed the example of foreign nations, and she will follow your example in dealing with tuberculosis.

It is a long way from Bangkok to Washington, but not so long that the cry for humanity cannot be heard, and not so long that it will not be heeded. The examples you give will be seen; the advice you formulate will be studied, the results you attain will be appreciated, and the methods you see will ere long lead to improvement of the conditions of the people of the crowded market-places in the far-off cities of the "Land of the White Elephant," the "Lotus Land of Indo-China," "The Kingdom of the Yellow Robe."

Dr. Camilo Calleja, speaking on behalf of Spain, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

By the courtesy of the Government of these United States, of the foreign representatives, and of all who coöperate in this Congress or honor us with their presence, and after saluting this people, the greatest among cosmopolitan nations, a salutation which consequently extends to all the world,—for all have contributed to form this powerful country,—I present to the consideration of my respected colleagues a new concept of the disease called "tuberculosis," a concept which involves the acceptance of an optimistic eclecticism, since, in my opinion, the majority of tuberculous affections are substitutive processes which act favorably on asthenic states, thus freeing us from more coquectic diseases, such as progressive anemias and leukemias. The cases in which the tubercle bacilli exercise a noxious action in the

human body, as in those cases of tuberculosis produced by inoculation, in non-asthenic people, are exceedingly rare.

My optimistic view regarding tubercle bacilli, which I have had occasion to verify in the clinic during a period of thirty-five years, and which is in full conformity with the autopsies, is also in accordance with Jaime Ferran's discovery of the evolution of the all-pervading tubercle bacilli.

Hence, in order to avoid tuberculosis we must prevent the causes of asthenic diseases. This problem is a transcendent one, not only medical, but also of the highest social interest, since the precursory asthenic diseases are principally due to the antihygienic life led in cities, owing to the insufficient aëration, to indulgence in the worst vices, and to the lack of charity we show in not doing our best to remedy the misery about us. So we may state that the number of deaths from consumption is the sure index which graduates the want of true progress in cities, especially in those not situated in elevated localities. For this reason, to reduce the mortality from phthisis must be the first aim of our statesmen.

Lastly, I wish to state that Spain, besides establishing sanatoriums and dispensaries, has taken great interest in this antituberculosis campaign, holding now in Zaragoza a National Congress on Tuberculosis; and that it offers to pretuberculous people the most favorable winter and summer climates to be found anywhere. These natural conditions are highly advantageous, especially for those who speak the language of the country.

I beg all those present to accept the expression of my profound gratitude for the attention shown in listening to my words.

Hon. Conrad W. Cedercrantz, speaking on behalf of Sweden, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

On behalf of the delegates of Sweden I beg to express our thanks for the kind words of welcome which have been addressed to us. The Swedish government is fully alive to the great importance of these congresses, and, therefore, it has been anxious to accept the invitation to meet here to-day issued by the government of this country. And, indeed, the importance of these meetings cannot be overestimated. In the war which, in our days, the civilized world has waged against tuberculosis, they form the great councils of war where the allies meet to exchange experiences from past campaigns and to discuss schemes and devise plans for carrying the struggle to a successful issue. And, the council closed, the fight is to be taken up again with renewed strength and renewed hope of victory. There is nothing that more strongly binds men together than community of interests, and the struggle against tuberculosis involves the common interest of the nations of the earth to annihilate that great scourge of mankind. In this case the

common interest is a very powerful one, and, therefore, these congresses will, no doubt, contribute to the establishment of closer and more friendly relations between the nations, and thus further the realization of the great principle of the brotherhood of man, so long dreamed of. It must not be forgotten that the said principle was first proclaimed by the great nation which has summoned us to meet here to-day—the very fact of this meeting being held in this land is a favorable omen of its success. We, delegates of Sweden, join in the best wishes that this Congress may be a great success and prove a great blessing to humanity.

Prof. Fritz Egger, speaking on behalf of Switzerland, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

In the name of the Swiss Confederation I have the honor of greeting the American nation with the president at its head, American science and its illustrious representatives, and the organizers of this grand Congress.

We have crossed the ocean to learn what steps great America is taking toward the solution of the tuberculosis problem. For this reason I refrain from mentioning what our little Switzerland has accomplished in this same campaign.

A French writer recently observed: "Le génie americain quand il réalise un progrés, le réalise complètement, grandement, définitivement."

We, too, are here to-day, wishing and hoping that America may solve the tuberculosis problem completely, grandly, and definitely.

We bring the best wishes of our countrymen for the success of the International Congress in Washington. It will form a landmark in the efforts of all civilized nations to vanquish one of the mightiest enemies of mankind.

His Excellency, Luis Melian Lafinur, the Minister for Uruguay, said that his attendance on this occasion was prompted by his own interest in the campaign against tuberculosis, an interest which is wide-spread and active in his country. His presence was unofficial. He said he had no instructions to speak for his country, nor any information which might explain the fact that he was the only citizen of the Republic of Uruguay attending the Congress. Dr. Lafinur described the activities of his country against tuberculosis in both men and animals. He alluded to the work of the voluntary associations, and to the participation of Uruguay in earlier International Congresses on Tuberculosis, and concluded by regretting again that a country so interested as Uruguay should on any account have failed to be officially connected with the Sixth International Congress on Tuberculosis.

Dr. Edward L. Trudeau, Honorary President of the Congress, was introduced by the Chairman.

Dr. Trudeau said:

"*Mr. Chairman, your Excellencies, Fellow-members of the International Congress on Tuberculosis, Ladies and Gentlemen:*

As a pioneer and veteran in the struggle against tuberculosis in this country, I welcome the International Congress to our shores. For thirty-five years I have lived in the midst of a perpetual epidemic, struggling with tuberculosis both within and without the walls, and no one can appreciate better than I do the great meaning of such a meeting. I have lived through many of the long, dark years of ignorance, hopelessness, and apathy, when tuberculosis levied its pitiless toll on human life, unheeded and unhindered; when, as Jaccoud has tersely put it, the treatment of tuberculosis was but a meditation on death! But I have lived to see the dawn of a new knowledge, to see the fall of the death-rate of tuberculosis, to see hundreds who have been rescued, to see whole communities growing up of men and women whose lives have been saved, and who are engaged in saving the lives of others. I have lived to see the spread of a new light from nation to nation until it has encircled the globe and finds expression to-day in the gathering of the International Congress on Tuberculosis, with all that it means to science, philanthropy, and the brotherhood of man. But the end is not yet, and I bid the Congress godspeed in the great task that is before it.

Second General Meeting.

CLOSING CEREMONY.

Held in the Assembly Hall of the New National Museum, Washington, October 3, 1908.

The closing session of the Sixth International Congress on Tuberculosis was held in the Assembly Hall of the New National Museum on Saturday morning, October 3, 1908.

The hall was filled to overflowing.

The Secretary of the Treasury, followed by the ministers and ambassadors, the foreign delegates, and the officers of the Congress, went to the platform at 11 o'clock.

The Secretary of the Treasury, Mr. George Bruce Cortelyou, after calling the meeting to order, asked for reports of committees.

Dr. Livingston Farrand, Secretary of the Committee on Resolutions, reported the following resolutions, which were adopted:

Resolved: That the attention of state and central governments be called to the importance of proper laws for the obligatory notification, by medical attendants, to the proper health authorities, of all cases of tuberculosis coming to their notice, and for the registration of such cases, in order to enable the health authorities to put in operation adequate measures for the prevention of the disease.

Resolved: That the utmost efforts should be continued in the struggle against tuberculosis to prevent the conveyance of tuberculous infection from man to man as the most important source of the disease.

Resolved: That preventive measures be continued against bovine tuberculosis, and that the possibility of the propagation of this to man be recognized.

Resolved: That we urge upon the public and upon all governments (*a*) the establishment of hospitals for the treatment of advanced cases of

tuberculosis, (*b*) the establishment of sanatoriums for curable cases of tuberculosis, (*c*) the establishment of dispensaries, day camps, and night camps for ambulant cases of tuberculosis which cannot enter hospitals or sanatoriums.

Resolved: That this Congress indorses such well-considered legislation for the regulation of factories and workshops, the abolition of premature and injurious labor of women and children, and the securing of sanitary dwellings, as will increase the resisting power of the community to tuberculosis and other disease.

Resolved: That this Congress indorses and recommends the establishment of playgrounds as an important means of preventing tuberculosis through their influence upon health and resistance to disease.

Resolved: That instruction in personal and school hygiene should be given in all schools for the professional training of teachers.

Resolved: That whenever possible such instruction in elementary hygiene should be intrusted to properly qualified medical instructors.

Resolved: That colleges and universities should be urged to establish courses in hygiene and sanitation, and also to include these subjects among their entrance requirements, in order to stimulate useful elementary instruction in the lower schools.

Dr. Farrand announced the report of the committee on the next place of meeting, recommending the acceptance of the invitation presented by His Excellency, Baron Mayor Des Planches, the Italian ambassador, inviting the International Congress on Tuberculosis to meet at Rome in 1911.

On motion of Dr. Jacobi, the recommendation of the committee was unanimously adopted. The chairman, in declaring the motion carried, repeated its purport, that the invitation of the government of Italy is accepted, and the next International Congress on Tuberculosis will meet at Rome in 1911.

The roll of participating countries was then called in alphabetic order, in English, and the delegates responded as follows:

Dr. Herman von Schrötter, speaking in behalf of Austria-Hungary, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

In my speech which I had the honor to make at the opening session I have already taken the opportunity to express in the name of the Austrian delegation and the city of Vienna, our particular admiration of the many remarkable hygienic institutions which we have seen in your great cities, and of the energetic efforts of your fight against tuberculosis. I cannot mention

the names of all the men whom we have met, who are active in your service, but I cannot pass over the Boards of Health, particularly of New York, Philadelphia, Baltimore, and Washington, with their very many model institutions. We have had the opportunity to learn valuable and practical lessons, to the advantage, we hope, of our country.

To-day I allow myself only to return to you, most honored friends, our hearty thanks for your very kind reception, to express to you our great indebtedness, and to the representatives of this government and of this beautiful city our gratitude for all that they have done to make our visit so profitable and pleasant.

The Tuberculosis Congress in Washington, its most cordial and ever-ready secretaries, Dr. Fulton and Dr. Beyer, will always retain our most grateful and highest appreciation.

Prof. Josef Denys, on behalf of Belgium, spoke extemporaneously in French.

Dr. T. J. Stafford, speaking on behalf of the British Government, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

Owing to the unavoidable absence of Dr. Arthur Newsholme, the senior representative of Britain, it devolves upon me as representing Ireland to convey to you, upon the part of Britain, the warm thanks of the British delegates for your kindness and boundless hospitality during the meeting of the Congress at Washington.

Like other countries, England, Scotland, and Ireland may at home have domestic difficulties and disagreements to contend with, and you may possibly have heard that Ireland and England frequently do not pull together amicably. But whatever our homes differences may be, there is one matter upon which I can assure you that England, Scotland, and Ireland are in absolute agreement upon, and that is, their admiration and affection for the people of the United States of America.

Ireland has a very close and special bond of union with America, inasmuch as she has sent within the last sixty or seventy years nearly 4,000,000 of her people as emigrants to your shores. They have found employment and a happy home in this great country, and we, in a very particular manner, owe you a debt of gratitude for your kindness to our Irish emigrants.

With regard to the special work of the Congress it is perhaps too soon to form any very definite idea of its value. The papers and discussions at the various sections have yet to be collected, tabulated, and read; but, judging from the work of some of the sections in which I was most interested,

I would say that the particular value of the Congress at Washington will be found in its devotion to matters connected with the administrative control of tuberculosis. The sections dealing with the practical control of the disease were full of interest, and we who attended them learned much from the experience of other countries, and particularly from those in America, where so much excellent work is being accomplished.

We shall all, I assure you, Mr. President, look back with pleasure to our most instructive and pleasant Congress at Washington, for which again, on behalf of the British delegates, I beg to thank you.

Dr. Frederick Montizambert, speaking in behalf of Canada, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

As the senior official delegate of the Government of the Dominion of Canada, I have great pleasure in having this opportunity of expressing for the other official delegates, for the other Canadian members of the Congress, and for myself our grateful appreciation of all the kindnesses and courtesies which we have received since we reached this beautiful city. I am glad also to join, in the name of all the Canadians present, in congratulations to the officials of the Congress upon the results of this great international meeting, which owes its pronounced success so largely to their well-directed and untiring efforts.

Canada, whilst perhaps not leading in the van, like some of the other countries, holds herself at least second to none in her recognition of the awful toll exacted by tuberculosis in human life, human health, and human happiness, and of the necessity for straining every effort to control or limit the ravages of that dread disease.

Even the very atmosphere of a Congress such as this is inspiring. We Canadians, like others, have gained much by it. We will all, I am sure, return home stimulated to renewed effort.

We from the Dominion are well accustomed to come south of the line to join and work with our "cousins" of this great country in conferences and meetings, medical, surgical, and in connection with public health, and to receive your ever bountiful hospitality. South of the line, I have said. It has been said many, many times, but can never be said too often, that, although that line may divide us in commercial and fiscal matters, it in no wise divides us in our social relations, in our scientific research, and in our common efforts against the conditions and causes that lead to disease and death. So accustomed are we to this communion of work, that—absolutely correct as the expression doubtless is, and high as is the honor of being grouped with so many eminent and distinguished men—I must confess to a slight feeling of something akin to surprise when I first found

that the representatives of Canada were included amongst the foreign delegates.

Allow me, in saying farewell for the Canadians, to again express our gratitude for the many kindnesses, official and personal, which have been extended to us; and to add to the word "farewell" the expression of that underlying hope which is contained in that other parting salutation, *au revoir!*

Dr. Shin-fwe P. M. Jee, speaking on behalf of China, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

I wish to express my sincere gratitude for the privilege which you have extended to my country of being a member of this International Tuberculosis Congress.

During the past six days we have studied your most excellent exhibits, listened to the able and learned addresses, and have associated with men, both Americans and foreigners, whose highest thoughts and works are for the welfare of humanity, and whose good deeds shall live to all future generations. We have noticed the interest shown by the municipal and national government in promoting this great cause by exerting their power and influence for the success of this Congress. Again we marveled at the intelligence which your general public displayed in grasping the importance of this Congress, thus assisting materially the medical profession in this anti-tuberculosis movement. And, finally, we have caught a glimpse and have felt the throbbing of the great American spirit, energy, and enthusiasm in the conduct of this gigantic crusade. For all these things we are grateful—grateful because the results of this Congress shall be a revelation and a lesson to China.

In concluding I wish to express the appreciation of my colleague and myself for the generous hospitality and the many kindnesses shown us during our sojourn here at this Congress. I thank you.

Dr. Juan J. Ulloa, speaking on behalf of Costa Rica, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

After a most profitable and enjoyable stay at the beautiful capital of this wonderful republic, the sad moment arrives when we must say *au revoir.*

All of us who have been able to judge, from the excellent exhibits shown, the great progress made in the United States in the humanitarian campaign against tuberculosis, join in one voice to congratulate you heartily for the magnificent work done in benefit of mankind.

Many lessons have been given to us, of the good accomplished so far,

amply demonstrated by the results of experience, corroborated with well-compiled statistical data, and perfectly well illustrated by the exhibition of maps, placards, and models of apparatus, houses, hospitals, sanatoriums, etc., and we take pleasure in acknowledging that we have profited a good deal from them.

As a representative of the government and of the people of Costa Rica, at the meeting of the International Congress on Tuberculosis which comes to a close to-day, I have the honor to thank in their name the President, the Secretary of State, the Secretary of the Treasury, the President of the Board of Commissioners of this city, the officers of the Congress, and the ladies and gentlemen who have distinguished us with their attentions and with their exquisite courtesy.

In parting, we are sorry to go, because you know too well how to make us feel at home here, and our affections have rooted deeply in your friendly soil. But as go we must, we shake hands with Uncle Sam and his large family, hoping to see you all soon again.

Dr. Diego Tamayo, speaking on behalf of Cuba, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

Nosotros que venimos de uno de los paises mas pepueños de la America debemos manifestar nuestra admiración por estas fiestas que representan la más alta intelectualidad humana, por eso, nosotros mas que ninguno, sentimos profundo agradecimiento hâcia los médicos Americanos que han organizado este congreso y hacia los medicos extranjeros que le galante cortesia con que nos ha trateado el gobierno de los Estados Unidos.

En nombre de uno de los paises más pequeños de America, pero de los más grandes por su amor a la ciencia, damos á todos las más expresivas gracias.

Dr. Bernard Bang, speaking on behalf of Denmark, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

Only a few words of thanks for all that we have seen and learned of you, and for all the kindness and friendship shown to us. We shall never forget it.

Dr. J. B. Piot (Bey), speaking for Egypt, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

Si l'Egypte n'a apporté qu'un bien faible concours à la grande oeuvre que vient d'accomplir le Congrès de Washington, son unique représentant

est heureux de reconnaître et d'affirmer ici l'immense effort réalisé par les savants de tous les pays dans la lutte antituberculeuse.

Puisse cet effort être le prélude d'une prochaine et décisive victoire sur la phtisie humaine et animale!

Qu'il me soit permis d'adresser mes remerciements les plus cordiaux aux dévoués organisateurs de ce Congrès pour l'accueil si affable que j'ai trouvé auprès d'eux, ainsi que pour l'honneur que m'ont réservé mes Collègues de la VIIe Section en me confiant la tâche insigne de présider leurs séances.

Prof. Dr. Louis Landouzy made an eloquent address on behalf of France.

Prof. von Leube, speaking on behalf of Germany, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

Als Delegierter des deutschen Reichs habe ich für die zum Kongress gekommenen deutschen Aerzte Worte warmen Dankes und hoher Anerkennung auszusprechen für die unvergesslichen Tage, die wir in den Vereinigten Staaten in Washington und Philadelphia verlebten. Hinter uns liegt ein weites Feld gemeinsamer Arbeit! Wenn auch da und dort Meinungsverschiedenheiten sich geltend machten und auch viele Fragen noch weiserer Klärung bedürfen, über das Ziel herrsche nur ein Gedanke, in der Verfolgung desselben nur eine Triebfeder, es ganz zu erreichen nur ein Wunsch! Es ist wahrhaft erhebend zu sehen, zu welcher nie dagewesenen Einmütigkeit die Frage der Bekämpfung der Tuberkulose alle Kulturstaaten der Welt geeinigt hat, welche Opfer an Geist, Zeit und Geld gebracht, welche Erfolge auf diesem Gebiete im letzten Jahrzehnt zum Nutzen, zur Wohlfahrt der Menschheit mit den andern Völkern hat auch Amerika für seine Tuberkulosen bereits grosses geschaffen. Dass es nicht zurückstehen werde, war von Amerika nicht anders zu erwarten, dem Land, in welchem alles in grossem Style ins Werk gesetzt wird, in welchem werktätige Nächstenliebe und Selbstaufopferung von jeher die höchsten Triumphe gefeiert hat und die Wohltätigkeit keine Grenzen kennt.

Continuing in the English language, Prof. von Leube said:

The hour of the departure from Washington approaches, from America, the home of the free ideas and quick conception, of the untiring energy, of steadily following a proposed aim to its end. These qualities have helped America to achieve great successes in its history and also in the struggle

against tuberculosis. Who does not know the names of the pioneers—Biggs, Trudeau, Flick, and many others?

And last, but not least, is America also the home of admirable beneficence and of a hospitality without limits!

We return our heartiest thanks and best wishes for the future of the United States and the American physicians.

Prof. N. Ph. Tendeloo, speaking on behalf of Holland, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

As representing the Dutch Crown, I have the honor to express sincere thanks to the government of this republic, and to the government of this District of Columbia, for all that has been done to make our membership in this Congress both pleasant and profitable; and, as a member of the Congress, I desire to extend to my fellow-members, and especially to the American and local committees, hearty thanks for the warm hospitality which we have enjoyed.

Dr. Laislaw Detre, speaking for Hungary, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

I am glad of this opportunity of expressing my deepest gratitude on behalf of the Hungarian Committee for your very cordial entertainment. I felt sure of being greatly surprised on my visit in America, but the conditions I found far surpassed all my hopes. I must say that I was greatly surprised at the enormous advancement of everything in this country. Please accept my most sincere thanks, and in return would extend to you an invitation to attend the International Congress of Medicine, which is to be held in Budapest, my country. I should be greatly pleased to see you all at our interesting and American-like town. Again I thank you.

Dr. Antonia Stella, speaking on behalf of Italy, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

At the opening session I had the honor of inviting you to convene in Rome for the next Tuberculosis Congress, in 1911.

I have now the great pleasure, and the still greater honor, of officially acknowledging your acceptance of that invitation, in behalf of the Government of His Majesty, the King of Italy, through His Excellency Baron Mayor des Planches, the Italian ambassador, than whom no one has followed the proceedings of this Congress with deeper interest.

The universities and the medical schools of Italy will be happy and

proud to welcome to the Eternal City so many eminent scientists from all over the world, and our great masters,—whom we here represent by proxy, so to speak,—Baccelli, Maragliano, Cardarelli, Celli, Marchiafava, will have an opportunity of showing you what Italy has done in the field of preventive medicine, and particularly in the fight against tuberculosis.

Apart from the especial reasons which the Central Committee has discussed and approved, the choice of Rome as the seat of the next International Tuberculosis Congress seems to me an ideal one, and ought to be acceptable to everybody.

The history of Rome is the history of the world, and all of you will find there some achievements of your past and present civilization as the emanation of the Latin genius.

Shelly and Keats rest there in the shade of the Pyramid of Cestius; the echo of Goethe's and Plato's song is still filling the air around the Forum; Hugo speaks the solemn language of Fate, while Emerson and Longfellow seem to have just departed from that atmosphere pregnant of inspiration.

Rome exercises a powerful magnetism over men of culture, and the voice of the past seems to call back, from behind her great monuments, to the highest ideals.

But do not think of visiting Italy only for the sake of her art treasures, like a museum of antiquities. United Italy to-day is not undeserving of the traditions of her great past, and you will find there a people alert and active, saturated with the modern spirit of energy and ambition,—under the leadership of a progressive and enlightened king,—moving onward and upward in the ascent of human progress.

While we are practically two thousand years old, we shall be fifty years young in 1911.

We want you to come there and sit with us at the banquet of nations, to celebrate the fiftieth anniversary of our heroic rebirth among the great powers of the world, and the new birth of Rome, our common alma mater, as the heart and synthesis of the emancipation of man from dogmatism.

The history of Italy is truly "the progress of the consciousness of freedom." Twenty centuries of successive invasions did not crush her indomitable spirit, nor did they destroy her personality, and we have had many a Renaissance (in the etymological meaning of the word) besides the one of the sixteenth century.

But we want now an *American invasion.* We want as many of your strenuous men and your wonderful women as possible to come to Rome in 1911. In Europe we call you "the Romans of the twentieth century," and you may be sure of receiving a warm reception at the hands of your ancient cousins.

We want especially to welcome the invasion of this peaceful army of *soldiers of humanity*, as the distinguished Secretary of State was pleased to call you, hoping—and also endeavoring—that as this beautiful city of Washington has witnessed the most memorable fight against the scourge of mankind at the hands of its most valiant warriors, Rome, the heart of civilization, the center of all conquests, may witness and celebrate its victory and its triumph.

Dr. G. Suto, speaking on behalf of Japan, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

Allow me to speak briefly in behalf of the Japanese members here present. We deem it a great honor to us that we can attend such an important meeting as this. We find ourselves especially interested in and instructed by the exhibition opened in connection with the Congress. Such a Congress as this is very important, not only for the benefit of the medical profession, but also for the welfare of the whole world. If, in future, there will be an occasion to hold the Congress in our country, we are very much pleased to say that Japan will do her best.

Finally, we beg to express our profound and heartfelt appreciation of the kind hospitality extended to us by the American members of the Congress, and we wish for the great success of the next International Congress on Tuberculosis.

Dr. Eduardo Liceaga, speaking on behalf of Mexico, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

How gratifying it is for me to congratulate you on the immense amount of labor you have accomplished in only five days! What an interesting and beautiful scene is that which you now present to the entire world!

Thirty-three nations have been represented here, but I would say that not thirty-three nations, but the whole world, has participated in this Congress; some have come from Europe, emporium of civilization and knowledge; others represent legendary Egypt, that is to say, the African Continent; others come from China, the one hundred times secular empire; others from Japan and the innumerable islands disseminated throughout both oceans, and others, still, from the nations of the American Continent. In other words, we are the representatives of the entire world.

And after exchanging, not only our ideas, but also our sentiments of scientific fraternity, we have brought together the countries that sent us here, and we shall carry back to them the fruits gathered in the Universal Congress on Tuberculosis held in this country, so vast in its extent, so

wonderful in its progress, and so situated that it stretches out one of its arms to the old world and reaches with the other the older one, the far East.

We have met in this beautiful and hospitable city, of which every one of us will have pleasant recollections, and about which we can say, when we return to our countries: "We have witnessed the consolidation of all nationalities in the city to which Washington gave his immortal name."

Gentlemen: The friendship is established. In the name of Mexico I come to tell you: Let us not say "Good-by," but *a rivederci á Roma.*

Dr. Liceaga's cordial speech was given in Spanish, as follows:

¡Cuán grato es para mí venir á felicitaros por la inmensa suma de labor que habéis llevado á cabo en cinco dias solamente!

¡Que interesante y bello espectáculo es el que ofrecéis en este momento, al mundo entero!

Treinta y tres naciones han estado representadas aquí. ¡Qué digo, 33 naciones: vosotros sois representantes del mundo entero:

Unos habéis venido de Europa, emporio de la civilización y del saber; otros representáis el legendario Egipto, es decir, el Continente Africano; otros vienen de la China, el Imperio cien veces secular; otros del Japón y de las inumerables islas diseminadas en los dos Océanos; otros aún, de los pueblos del Continente Americano. Es deeir, sois los representantes del mundo entero!

Y despues de haber cambiado no solamente vuestras ideas, sino también vuestros sentimientos de fraternidad científica, habéis aproximado á los pueblos que os envian y vais á llevarles el fruto recogido en este Concurso universal de Tuberculosis, verificado en este país, enorme por su extensión, prodigioso por su excepcional y rápido progreso, y situado de tal manera, que extiende uno de sus brazos al Viejo Mundo y alcanza con el otro al más antiguo todavía que se llama el Lejano Oriente.

Nos reunimos en esta bella y hospitalaria ciudad, de la que cada uno de nosotros lleva grato recuerdo y de la que podremos decir, cuando volvamos á nuestro pais: Acabamos de asistir á la fusión de todas las nacionalidades en la ciudad á la que Washington dió su nombre!

Señores.

La amistad está hecha. En nombre de México vengo á deciros:

No nos digamos adios, sino.

A rivederci á Roma!

Dr. F. Harbitz, speaking on behalf of Norway, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

In the name of Norway, I have to return thanks for what this Congress has accomplished, for the rich results of its scientific work and progress, and no less as concerns information about practical measures in the struggle against tuberculosis. The great advantages in this crusade which America, and especially some of the largest towns here, have gained during recent years, can, in some respects, serve as models, and in the rapid development which this crusade here evidently has experienced, we should find a stimulus for other countries, to work with the same energy, along similar lines, and, as it is to be hoped, with the same good results.

Leaving this Congress and soon, also, America, I offer the most cordial thanks to the Government of the United States and to the president of the Congress for kind reception and hospitality and for the rich results this Congress has given.

Dr. S. Irimescu, speaking on behalf of Roumania, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

Nous partons d'ici en gardant le souvenir ému de l'accueil que nous avons partout reçu en dehors de cette cordialité amenée et spontanée qui est la meilleure marque de l'amité et que nous n'oublierons jamais. Nous avons appris chez vous ce qu'on peut obtenir par une activité ardente soutenue par ces belles qualités d'energie que vous avez su si bien employéss.

Votre grande démocratie agissante a compris que le premier devoir d'un gouvernement et celui de la santé publique. De là cette liberalité vraiment grandiose que vous a permis de faire oeuvre de géants dans un si court espace de temps, puissions-nous, messieurs, remplis par l'enthousiasme du moment, redoubler d'energie et de propagande active pour faire aboutir chacun dans nos pays la grande oeuvre de combat de la plus meurtrière des maladies. Nous avons pris ici une leçon des choses qui est la meilleure de toutes, et nous devons remercier les organisateurs du congrès de tout notre coeur et avec notre entière reconnaissance.

Dr. A. Wladimiroff, speaking on behalf of Russia, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

Son Excellence Mr. le Sécrétaire d'Etat dans les paroles éloquentes qu'il nous a adressées a exprimé l'espoir que les Membres du Congrès de Washington, en quittant les Etats-Unis en emporteraient un bon souvenir et y appelleraient leur bénédiction.

Messieurs, je vous affirme que les jours passés parmi vous sont devenus une partie intégrante de nous mêmes, ils forment maintenant notre vie,

et nous ne saurions jamais en arracher le souvenir de notre coeur sans y faire un vide.

D'autre part tout ce que nous avons vu et entendu aux Etats-Unis, nous a surabondamment prouvé que ce pays est riche non seulement au sens ordinaire de ce mot, mais riche aussi dans le domaine intellectuel. Que de talents scientifiques! Que d'intelligences sachant réaliser d'une façon rationnelle ce qu'elles ont conçu! Ces impressions nous resteront aussi inoubliables que l'hospitalité américaine sans rivale dans le monde.

Nous partons, pleins de gratitude et nous garderons certainement un souvenir imoérissable de ce pays béni.

Dr. Camilo Calleja, speaking on behalf of Spain, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

To express my feelings better, I ought to address you in Spanish, but, in order to be understood by more, I have to hurt your ears with my broken English. The proverbial chivalry with which we, of old Castile, are endowed, impels me to thank you in terms so high that they are beyond my reach in English. Yet, were I not to attempt it, I should be consumed by vexation, without being infected by tubercle bacilli.

The sacrifice I have made in coming here, though very great, has been largely compensated by your generous multiplied attention, and, besides, by the very instructive contents of this copious exhibition, and of the scientific literature which you have presented.

There yet remains a good deal to be done, especially in preventing the primordial causes, that is, those diseases which predispose to tuberculosis.

In Spanish we say: "a Roma par todo"; let us go to Rome to see whether this problem can be fully resolved.

I beg, in the name of the Spanish government, of which I am the official delegate, to offer you, citizens of Washington, and to the guests here assembled, the expression of my deepest gratitude.

Hon. Conrad W. Cedercrantz, speaking on behalf of Sweden, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

On behalf of the Swedish delegates to this Congress I am anxious to express the feelings of admiration and gratitude with which our stay here has inspired us. We have witnessed the great interest throughout this country in the important cause of humanity, for the furthering of which this Congress has assembled, and we have been struck by the exhibits illustrating the admirable work done by the different States of the Union in the interest of this same cause. We have been happy to state that the

world-famed American energy is just as great in charity work as in other fields of human activity, and we part from this Congress with a still more hopeful view of the future of our common work than we had before.

When I add that everywhere during our stay here we have been received with the most cordial and splendid hospitality, for which we are extremely thankful, it is needless to say that we bring back with us to our country the very best impressions from the Sixth International Congress on Tuberculosis.

Dr. O. Amrein, speaking on behalf of Switzerland, said:

Mr. Secretary, Your Excellencies, Ladies and Gentlemen:

My honored colleague, and the leader of the Swiss delegation, Dr. Fritz Egger, has suffered an illness which necessitated his removal to a hospital this morning, and it becomes my duty to speak for him. This, fortunately, I am able to do in his words.

Many people in Europe are of the opinion that in America the struggle for existence is so great that only the strongest of the strong can be successful, and that the weaker ones, unable to keep up the combat, succumb. During the weeks which we have spent in America we have seen that this is entirely untrue, and we have been convinced that the Americans have much feeling and charity for their weak brethren. We have seen especially that those suffering from tuberculosis are offered great advantages.

Furthermore, we have seen that the way in which the Americans have taken up the fight against tuberculosis is the only right way. The wise laws, which you carry into effect with so much energy and practical sense, prove this. Intelligent citizens of all classes are enlisted in the American campaign against tuberculosis. Everywhere the combat against tuberculosis will be successful if carried out according to our motto:

"In necessariis unitas,
In dubiis libertas,
In omnibus caritas!"

We return to our homes feeling the greatest gratitude for the hearty welcome and the large hospitality which we have enjoyed here in America, our great sister republic, and wishing that the many connections which this great Congress has brought us may further strengthen our common work for human welfare.

Mr. Cortelyou announced the presence of the President of the United States.

Mr. Roosevelt said:

Mr. Chairman, Members and Delegates of the International Congress on Tuberculosis, Ladies and Gentlemen:

I could not deny myself the privilege of saying a word of greeting to this noteworthy gathering. It is difficult for us to realize the extraordinary changes, the extraordinary progress, in certain lines of social endeavor during the last two or three generations; and in no other manifestation of human activity have the changes been quite so far reaching as in the ability to grapple with disease. It is not so very long, measuring time by history, since the attitude of man toward a disease such as that of consumption was one of helpless acquiescence in what he considered to be the mandates of a supernatural power. It is but a short time since even the most gifted members of the medical profession knew as little as any layman of the real causes of a disease like this, and therefore necessarily of the remedies to be invoked to overcome them. It is an affair of decades, I am almost tempted to say an affair of years, when we go back to cover the period in which the real progress has been made. Take, for instance, the work that the United States government is now doing in Panama. When the first railroad was built across Panama, it was said, with some foundation of truth, with but slight exaggeration, that "every sleeper laid cost the life of a man." Now the work on the canal, in that identical place, is being prosecuted, on an infinitely larger scale, of course, than the mere building of a railroad, under conditions which make the locality stand above the ordinary locality in the United States in point of health. The Isthmus of Panama, which was a by-word for fatal disease, has become well-nigh a sanatorium; and it has become so because of the investigations of certain medical men which enabled them to find out the real causes of certain diseases, especially yellow fever and malarial fever, and to take measures to overcome them. The older doctors here, when they were medical students, would have treated the suggestion of regarding mosquitos as the prime source of diseases like that as a subject for mirth. Is not that literally true? These utterly unexpected results have followed patient, laborious, dangerous, and extraordinarily skilful work that has enabled the cause of the diseases to be found and the diseases themselves to be combated with extraordinary success. I said dangerous work. That success had its martyrs; doctors laid down their lives to secure the results of which I have spoken, showing exactly as much heroism as ever was shown by the soldier on the field of battle.

At this moment, in the middle of the great continent of Africa, there is a peculiarly fatal and terrible disease—the sleeping sickness; a disease which, if it had been known to our ancestors in the middle ages, would have been spoken of as the black death was spoken of in the middle ages—as

a scourge sent of God, possibly as something connected with a comet, or some similar explanation would have been advanced. We now know that it is due to the carrying of a small and deadly blood parasite by a species of biting fly, there being this very curious genus of biting flies in Africa, one form of which, although harmless to wild animals and man, conveys by its bite a fatal infection to all domestic animals, and even to the closest allies of the wild animals, to which its bite is fatal; while the other form, which does not seem to be fatal to domestic or wild animals, is responsible for the spread of this terrible disease, the sleeping sickness, which in one region killed two hundred thousand out of three hundred thousand inhabitants—a rate of slaughter, of course, infinitely surpassing that of any modern war. And the chance to control that disease lies in the work of just such men as, and, indeed, of some of the men who, are assembled here. You who have come here, however, have come to combat not a scourge confined to the tropics, but what is, on the whole, the most terrible scourge of the people throughout the world. But a few years ago hardly an intelligent effort was made or could be made to war against this peculiarly deadly enemy of the human race. The chance successfully to conduct that war arose when the greatest experts in the medical world turned their trained intelligence to the task. It remains for them to find out just what can be done. The task then will be for the representatives of the governments to give all possible effect to this conclusion of the scientific men.

The change in the status of the man of science during the last century has been immeasurable. A hundred years ago he was treated as an interesting virtuoso, a man who was capable of giving amusement, but with whom no practical man dealt with any idea of standing on a footing of equality. Now more and more the wisest men of affairs realize that the great chance for the advancement of the human race in material things lies in the close interrelationship of the man of practical affairs and the man of science, so that the man of practical affairs can give all possible effect to the discoveries of the most unforeseen and unexpected character now made by the man of science.

I feel that no gathering could take place fraught with greater hope for the welfare of the people at large than this. I thank you all, men and women of this country, and you, our guests, for what you have done and are doing. On behalf of the nation I greet you, and I hope you will understand how much we have appreciated your coming here.

Henry B. F. MacFarland, President of the Commissioners of the District of Columbia, said:

We speed the parting guests because we must. We cannot do it joyously as we welcomed them. We say "to the return" in all languages. You have been making history here this week. We can hope with you that you have been making progress—not always the same. We are sure that there is no lasting progress except that which establishes the highest interests of mankind, in accord with the highest moral standards. At Secretary Root's dinner we were all impressed with his eloquent expression of the truth that service is the true test of character and measure of greatness in nations and individuals. Your distinction is based upon that truth. We have been honoring material success so long that we need to return to the better traditions which set spiritual success above all other kinds. Men who, like Agassiz, are too busy in humanity's cause to make money, whether in civic service or in the fields of science, deserve the highest honors. They are the leaders in that great struggle, side by side with the struggle for existence, which seeks to prolong existence, and make it sweeter and nobler while it lasts. Out of your deliberations and all their wholesome differences of opinion, without which no progress is possible, will come, sifted to practical helpfulness, instruction for all of us in the great purpose of preventing disease, preserving the health of the people, and making the future efficiency of the nations secure.

The Chairman read the following cablegram:

Le Président du congrès international, 1905, addresse au président congrès, Washington, salut cordial et vœux pour succès de la grande manifestation antituberculeuse. Hérard.

Dr. Lawrence F. Flick, being called on by Mr. Cortelyou, said:

Before closing the Congress it may be proper for me, as Chairman of the Committee which has had charge of the preparations for the Congress, to say a word in my own name and in the name of my associates. We have had immeasurable success, which is most gratifying to us, and we are indebted for this success to the coöperation of our friends, both here and abroad. The harmonious coöperation of members of the medical profession, philanthropists, and people from every walk of life has been mainly responsible for the success which we have had. Every one has contributed his share without stint and with such heartiness that failure was impossible. We owe much to the United States government for its cordial support of our enterprise. The President, the Cabinet officers, Congress, The Smithsonian Institute, in short, every department of the government, have extended us valuable assistance. We have had help from the State governments,

from boards of health, and from organizations interested in preventive medicine and in sociology. We owe much to our friends from abroad, because only through their sympathy and support have we been able to give this Congress its international character and make it do for our country what it apparently has done. This gathering has created a bond of union between the workers in the crusade against tuberculosis from all parts of the world which will greatly strengthen our forces and which will make every unit more efficient in the particular field of labor in which it is engaged. I thank the Congress in the name of our Committee for the cordial support which has been given us, and I personally thank each member of the Committee for his loyalty and earnest support of my individual efforts.

After Dr. Robert Koch and Mr. Henry Phipps had spoken a few words to the meeting, the Chairman, Mr. George B. Cortelyou, Secretary of the Treasury, said:

I would not attempt to add anything to what the President has said, were it not that there remain a few words to be spoken which I shall speak in his behalf and at his request.

In the remarks which I was privileged to make at the opening of the Convention, on Monday, I took occasion to point out that in addition to the subjects which you studied, and which your knowledge and your wisdom clarified and illumined, there was another aspect of these great international congresses which it seemed to me was of great value, and that was the bringing together of men and women from the nations of the earth, where they become better acquainted, and where, by the interchange of views, small and even large differences of opinion disappear in the splendid sympathy and unity of action which come from devotion to a common cause. You have spent many busy hours here in the discussion of various phases of the question with which you are dealing. At times there has been pronounced divergence of views, but, just as in the great world of politics, public discussion is a healthful sign of public interest, so in this great world of medical science and medical research, debatable propositions have disclosed the interest taken in them and in the important subjects to which they relate.

Along with your work we have tried to provide some relaxation. Many a question of State has been settled at the banquet table, many a burden lightened where a few were gathered together in friendly companionship. So I believe such an occasion as the dinner on Thursday evening to be something more than merely a pleasant time with good cheer and good company.

You are engaged in a great work for humanity's sake. You are carrying light into the dark places of the earth. You are enlisted in a crusade as holy

and unselfish as any the world ever saw. Upon your banner is emblazoned "Hope," and your devoted leaders of medical thought and progress are already proclaiming victory—a victory the extent of which, as we firmly hope and believe, will grow with every passing year. America will do her share. What you have contributed to our knowledge is most gratefully appreciated, and we in turn offer our investigations and our experiences that they may be of service in the common cause. May the largest success crown our joint efforts. In behalf of our people and our government, I wish you God speed.

I now declare the International Congress on Tuberculosis adjourned, to meet in accordance with the decision reached at the beginning of this session, in 1911, at Rome, in Italy.

Report of the Secretary-General.

The National Association for the Study and Prevention of Tuberculosis, at its meeting in May, 1905, instructed its delegates to the International Congress on Tuberculosis, meeting in Paris, to invite the Congress to meet in Washington in 1908. This invitation was conveyed by Drs. Lawrence F. Flick, Wm. Osler, S. A. Knopf, Henry Barton Jacobs, Henry G. Beyer, and Stephen J. Maher. The invitation was seconded by Theodore Roosevelt, then President of the United States, who instructed Mr. McCormick, the American ambassador to France, to attend the Congress and to secure, if possible, the acceptance of the invitation. The aid of Mr. Roosevelt was obtained through Dr. Wm. H. Welch, who, in response to a telegram from the American delegates, interviewed both the President and the Secretary of State on the subject. The invitation was accepted.

At the annual meeting of the National Convention in May, 1906, a plan of organization, recommended by the directors, was adopted, whereby Dr. Lawrence F. Flick was made chairman of a committee on the International Congress on Tuberculosis, with power to choose and appoint other members of the committee to the number of 100. This committee was charged with all the responsibility for organizing the forthcoming Congress along lines broadly outlined by Dr. Flick in his original proposition to the directors of the National Association.

Before the first of January, 1907, this committee (afterward known as the Central Committee) had organized and elected a Secretary-General. The Central Committee at this time included six persons—Dr. Lawrence Flick, Dr. Vincent Y. Bowditch, Dr. Joseph Walsh, Dr. Lawrence Litchfield, Dr. Alfred Meyer, and Dr. Charles J. Hatfield.

The next step was taken on January 26, 1907, when the chairman and the Secretary-General went with General Sternberg, General Wyman, Dr. George M. Kober, and Mr. Wm. H. Baldwin to call on the Secretary of State in Washington. After an interview with Mr. Robert Bacon, Assistant Secretary of State, the Committee met in the New Willard Hotel, where the Secretary-General prepared a letter to the Secretary of State requesting that inquiry be made of the several Federal departments whether they did not wish to participate in the forthcoming Congress and in the exhibition. In this letter certain bureaus and divisions of departments were specified as having definite relations with the tuberculosis problem. This letter, signed

by all those who were present at the time, was transmitted to the Department of State on the same afternoon. The inquiry suggested was very promptly undertaken, by the Department of State, and favorable replies were soon received from seven of the nine Federal departments.

The Secretary of State, Mr. Elihu Root, prepared a memorial to Congress asking for the authority and the means to enable the Federal departments to participate in the International Congress on Tuberculosis and in the exhibition. This memorial (Senate Document 343) was transmitted by the Secretary of the Treasury, Mr. Leslie M. Shaw, and reached Congress on February 25th, three days before adjournment, and too late for consideration.

Early in the sixtieth Congress this memorial was revived. The appropriation asked for in this memorial ($25,000) became item No. 32 in the estimate of the Department of State for foreign relations, the bill generally known as the Diplomatic and Consular Bill. Senate Document No. 343 (of the fifty-ninth Congress) became an appendix to this bill, which passed late in the session.

Anticipating that this measure would go through Congress rather slowly, a resolution was prepared authorizing the Department of State to invite foreign governments, through their ministries, to participate in the International Congress on Tuberculosis and in the exhibition. This Senate Concurrent Resolution, No. 5, was introduced by Mr. Gallinger, of New Hampshire, and passed the Senate on December 19th. The resolution reached the House on the following day. Mr. Barchfeld, of Pennsylvania, asked unanimous consent to move the concurrence of the House, without reference to the Committee on Foreign Relations. Mr. Sereno Payne, of New York, objected, and the resolution was referred to the Committee on Foreign Relations, where the pressure of other business delayed it until January 31st, when it was favorably reported. On February 28th the House concurred in this resolution. The Secretary of State, under date of March 16th, addressed notes to all the American ministers in foreign countries, instructing them to convey the invitation to the respective foreign governments in such a manner as to secure, if possible, the acceptance of the invitation. Three months, therefore, elapsed between the introduction of this resolution and the issue of the invitations which it authorized. The delay, perhaps, explains the failure of some countries to participate in the Congress, and throws an interesting light on the remarks of His Excellency, Luis Melian Lafinur, the minister of Uruguay, who said at the opening of the Congress, on September 28th, that he was present on account of his personal interest in the Congress, and because his country was actively engaged in a campaign against tuberculosis, but that his attendance on the occasion of the opening of the Congress had no official

sanction, since, so far as he was informed, the government of Uruguay had not been invited to participate in the International Congress on Tuberculosis.

NATIONAL COMMITTEES.

The Central Committee asked three persons in each country to serve as the organizing nuclei of committees for their respective countries. On the recommendations of these three, in each country, the National Committees were enlarged to a total of 700 members in 44 countries. (See page 647.)

HOUSING THE CONGRESS.

The problem of housing the Congress was intrusted to the Secretary-General and the Committee on Local Affairs. The building desired for this purpose was the office building of the House of Representatives, nearly completed and beginning to be occupied by the Representatives. This project was made known to all the State committees, and local influences were speedily brought to bear on the Congressmen to grant to their constituents the use of so much space as their States required on account of the Congress and the exhibition. At the same time the local committee called on the Speaker of the House, Mr. James R. Mann, chairman of the Committee on the Distribution of House Office Rooms, and Mr. Elliott Woods, Superintendent of the Capitol Buildings and Grounds, and made a formal request for the use of the House Office Building for all the purposes of the Congress and exhibition. Since the date of the International Congress fell in the vacation of the Federal Congress, it was believed that this building would meet our requirements, at the least possible expense and inconvenience to the government. Mr. Cannon led us to believe that, if the will of the House were favorable, he would not object to granting our request. Mr. Woods objected on the ground that, if the International Congress were housed in the office building, it would be impossible to complete the decorating and furnishing before Congress assembled in December. Mr. Mann objected to the proposition on the grounds urged by Mr. Woods, and on grounds of precedent and of expediency. Mr. Mann and Mr. Cannon suggested that the Capitol would be more appropriate. On April 3d Mr. Mann introduced a concurrent resolution (No. 36) directing the superintendent to place at the disposal of the International Congress the Hall of the House of Representatives, the Senate Chamber, with the lobbies and corridors adjoining and connecting. The will of the House was clearly expressed in the correspondence of the members with their constituents, as reported to the Secretary-General. The majority of the members were in favor of the use of the House Office Building. The local committee expressed itself as satisfied with either the Capitol or the House office building.

On May 13th the House Committee gave us a hearing on the housing

question. Dr. Flick, chairman of the Central Committee, was spokesman, and asked for the use of both the Capitol and the House office building.

On May 16th Mr. Mann introduced a joint resolution (No. 135) requesting the President to place at the disposal of the International Congress on Tuberculosis the unoccupied space in the New National Museum, the new Municipal Building, and the Agricultural Buildings. This resolution passed the House and went to the Senate on the following day. The Commissioners of the District of Columbia were able to secure in the Senate the exemption of the Municipal Building. The new buildings of the Department of Agriculture offered no useful space. In this situation the conferees of the House and Senate, on motion of Mr. Mann, amended the resolution so as to grant the use of the New National Museum, and added an item to the General Deficiency Bill appropriating $40,000 to pay for such temporary work as might be needed to prepare the New National Museum for the uses of the International Congress and the exhibition. The Director of the Smithsonian Institution and the supervising architect, Mr. Bernard Green, acting under the instructions of the President, carried out the intent of this act of Congress to the complete satisfaction of the Central Committee, so that both the Congress and the exhibition were appropriately housed under one roof.

PARTICIPATION OF THE STATES.

Carrying out the purpose to give this project a sure footing both in national and State politics, the Secretary-General wrote, in March, 1907, to the governor of each State asking him to take such official action as would insure the coöperation of all the agencies in each State, under well-defined leadership, in preparation for the Congress. The governors were asked to address their departments of State government, the mayors of cities, and other interested agencies, either directly or through some appropriate governmental office, in such a way as to secure the participation of each State as a unit. Many of the governors of States clearly grasped the intention of the Central Committee, and took action of the kind desired. Eventually a great majority of the States became organized in preparation for the Congress. The Central Committee created organizing committees in each State, and these local organizing nuclei added to their own numbers until there were at length some 1600 persons listed as members of local committees. Several weeks before the date of the Congress the entire roster of the States was included in the membership of the Congress. Local antituberculosis associations and boards of health in many places became very active in preparations for both the Congress and the exhibition, and a few new local associations came into existence in the course of their preparations. The Central Committee gave support to the local efforts by publishing a bulletin for the information and use of State committees. (See page 682.)

DIVISIONS OF THE CENTRAL COMMITTEE.

Local Affairs.

The Committee on Local Affairs was organized under the chairmanship of Surgeon-General George M. Sternberg, as an advisory committee to the Secretary-General. (See page 17.)

Transportation.

A Committee on Transportation was organized under the chairmanship of Dr. Henry M. Bracken, of Minnesota, to make arrangements, in the interests of the Congress, for the transportation of Congressists to, from, and within the United States. (See page 17.)

Translation and Interpretation.

This special committee was organized under the chairmanship of Dr. Joseph Walsh, of Philadelphia. This committee translated the abstracts of some 291 papers contributed to the Congress program, printed them in the four official languages, assembled them in chronologic order, by sections, and distributed them to incoming Congressists on the day of opening, September 28th. This committee also organized and managed during the Congress a corps of interpreters, who were on duty in the several sections, during the week, September 28th to October 3d. (See page 17.)

Printing and Publication.

This special committee was organized under the chairmanship of Dr. Livingston Farrand, of New York, and had charge of the preliminary publications and of the printing of the Transactions. (See page 16.)

Entertainment.

This committee was organized under the chairmanship of Dr. Lawrence Litchfield, of Pittsburg. In coöperation with various local committees, Dr. Litchfield's Committee arranged and announced excursions and entertainments given in Washington, Philadelphia, Boston, New York, Baltimore, and elsewhere. (See page 17.)

SPECIAL LECTURES.

The Central Committee believed that the influence of the International Congress on Tuberculosis could be strengthened if some of the distinguished visitors could be induced to give public lectures in Washington and elsewhere. For this purpose a special committee was appointed under the chairmanship of Dr. George M. Kober, of Washington. (See page 17.) This Committee arranged public lectures as follows:

Social Life and Tuberculosis, by Prof. Gotthold Pannwitz, of Berlin; delivered in Horticultural Hall, Philadelphia, September 23d.

The Evolution of the Treatment of Pulmonary Tuberculosis, by Dr. C. Theodore Williams, of London; delivered at Horticultural Hall, Philadelphia, September 24th.

The New Methods of Early Diagnosis of Tuberculosis, by Professor A. Calmette, of Lille, France; delivered at Horticultural Hall, Philadelphia, September 26th.

The Biology of the Tubercle Bacillus, by Dr. A. A. Wladimiroff, of St. Petersburg; delivered in the New National Museum, Washington, September 28th.

The Causes of the Past Decline of Tuberculosis, and the Light Thrown by History on Preventive Measures for the Immediate Future, by Dr. Arthur Newsholme, of London; delivered at the New National Museum, Washington, September 29th.

A Hundred Years of Phthisiology: A Study of Tuberculosis from 1808 *to the Congress in Washington*, 1908, by Professor Louis Landouzy, of Paris; delivered in the New National Museum, Washington, September 30th.

Collateral Tuberculous Inflammation, by Professor N. Ph. Tendeloo, of Leyden; delivered at the New National Museum, Washington, October 2d.

Studies in Tuberculosis in Domestic Animals, and What we may Learn Regarding Human Tuberculosis, by Professor Bernard Bang, of Copenhagen; delivered in the New National Museum, Washington, October 3d.

The Campaign Against Tuberculosis in Large Cities by Scientific Methods in the Construction of Habitations, by Dr. Maurice Letulle and M. Augustin Rey, both of Paris; delivered at McCoy Hall, Johns Hopkins University, Baltimore, October 5th.

The Antituberculosis Program, Coördination of Preventive Measures, by Dr. R. W. Philip, of Edinburgh; delivered at Jordan Hall, Boston, October 7th.

Two other lectures were arranged for, but the authors were unable to appear; Dr. Andres Martinez-Vargas, of Barcelona, whose lecture was entitled *Tuberculosis of the Heart, Blood- and Lymph-vessels;* Dr. Shibasaburo Kitasato, of Tokyo, whose lecture was entitled *Tuberculosis in Japan.*

All of these lectures are assembled in a special volume, supplementary to this series.

Dr. Emilio Coni, of Buenos Aires, was also asked to deliver one of these ectures, and consented to do so. His plans were thwarted by the serious illness of his mother.

THE EXHIBITION.

The Special Committee on Exhibition was organized in October, 1907, under the Chairmanship of Dr. Henry G. Beyer. (See page 16.)

The Exhibition was planned with two main purposes in view: first, as a useful adjunct to the Congress itself; second, as a means of instructing the general public, particularly in the District of Columbia. The Exhibition was formally opened on the evening of September 21st, in the presence of a large audience, in the Assembly Hall. The Chairman was Mr. H. B. F. MacFarland, President of the Commissioners of the District of Columbia. Addresses were made by Surgeon-General George M. Sternberg, U. S. Army, Mr. James Wilson, Secretary of Agriculture, Dr. Lawrence F. Flick, of Philadelphia, Dr. Samuel G. Dixon, Commissioner of Health of Pennsylvania, and Dr. Henry G. Beyer, U. S. N., Director of the Exhibition. Throughout the three weeks following September 21st the Assembly Hall was opened every evening for a public lecture. The officers of the Exhibition provided guides and demonstrators, and carried on an extensive program of popular lectures to large and small audiences. There was a comfortable lantern room, having seats for about seventy-five persons, and here there were several lectures daily. Several of the exhibits were in themselves complete objective presentations of the antituberculosis campaign, and kept demonstrators on duty from 9 A. M. to 9 P. M. Arrangements were made to receive visitors in large groups, and to give them personal conduct through the Exhibition. In this way all the teachers in the public schools, and the pupils above the sixth primary grade, were enabled to see the Exhibition under very favorable conditions.

During the week of the Congress several scientific men were especially engaged as demonstrators; among them, Dr. Theodore Shennan, of Edinburgh; Dr. Bertil Buhre, of Stockholm; Dr. Clemens von Pirquet, of Vienna; Dr. Hamel, of Berlin; Dr. Julius Bartel, of Vienna; Dr. James Miller, of London; Dr. O. Amrein, of Arosa, Switzerland. It would be difficult to give a complete account of the useful activities of these three weeks. The number of visitors to the Exhibition was 150,000.

Complete lists of the individual exhibitors of the United States and of other countries, a list of the collective exhibitors of the United States, and lists of the foreign and United States exhibits are given in the following pages, taken from Dr. Beyer's catalogue, and including his title-page, preface, and diagrams of the exhibition space in the New National Museum.

The Exhibition Illustrating the World's Work in the Struggle Against Tuberculosis,

COLLECTED AND ARRANGED IN CONNECTION WITH THE

Sixth International Congress on Tuberculosis,

IN THE

NEW NATIONAL MUSEUM, WASHINGTON, U. S. A.,

SEPTEMBER 21 TO OCTOBER 12, 1908.

PREFACE.

When it was first proposed to have an exposition in connection with the Sixth International Congress on Tuberculosis in Washington, to which the whole civilized world should be invited to contribute; when it was, furthermore, determined that this exposition should represent, as nearly as could be, the progress and achievements of the whole scientific world in its struggle against tuberculosis, since the discovery of the tubercle bacillus, by R. Koch in 1882, which meant an exposition planned on a larger scale than any of its predecessors—the task seemed indeed enormous, and scarcely to be realized.

This catalogue, like the exposition itself, represents the sum total of the contributions from all the exhibitors, individual as well as collective. Of the 438 contributors to the exposition, 312 reside within the limits of the United States; 126 without. Two hundred and twenty-two of the above number are collective contributions, that is, from associations, societies, and other corporate bodies, and 216 from individual members of the Congress. Of the 222 collective contributors, those from the United States number 170; those from Europe or from other parts of America, 52. Of the 216 individual exhibits we are indebted to the United States for 142, to European and American countries outside of the United States, for 74.

To all those whose names will be found recorded on the list of contributors to this important work and who have thus aided in making this exposition the success which it represents, this Congress and the whole world are under the greatest obligations, now and for all time. The humanitarian senti-

ments and motives prompting such services as these, in the interest of all mankind, make an exposition such as the present one truly representative of the universal brotherhood of man.

The most sincere and heartfelt thanks are due and herewith extended by the Chairman of the Committee on Exhibition to the secretaries and other members of the State committees for the ever-ready and generous assistance which they have so freely given him in the work of organizing the Exhibition and of compiling the catalogue. His special thanks for assistance in getting the manuscript through the press—a most arduous task on account of the limited time—are due to Miss Gertrude B. Knipp.

HENRY G. BEYER,
Medical Inspector, U. S. Navy, Director of the Exhibition.

List of Foreign Individual Exhibitors.

ARRANGED ALPHABETICALLY ACCORDING TO COUNTRIES.

ARGENTINA.

Coni, Dr. Emilio R., Buenos Aires.
Fermi, Dr. Villa Ortuzar, Buenos Aires.
Rawson, Dr. (Liga Argentina), Buenos Aires.
Tornu, Dr. Henry, Buenos Aires.
Argentine League against Tuberculosis, Buenos Aires.
Rodriguez, Dr. Firmin, Jr., Buenos Aires.

AUSTRIA.

Dümler, Hermann, Mechaniken, Wien.
Jungmann, Dr. A., Wien.
Lang, Dr. E., Wien.
Safar, Dr. Josef, Wien.
Spitzer, Dr. L., Wien.

BELGIUM.

Heymans, Dr., University of Gand.
Lefevre, Dr. Bernard, Gembloux.

BRAZIL.

Ferreira, Dr. Clemente, Sao Paulo.
Associaçào Paulista Para Tuberculosos, Sao Paulo.

CANADA.

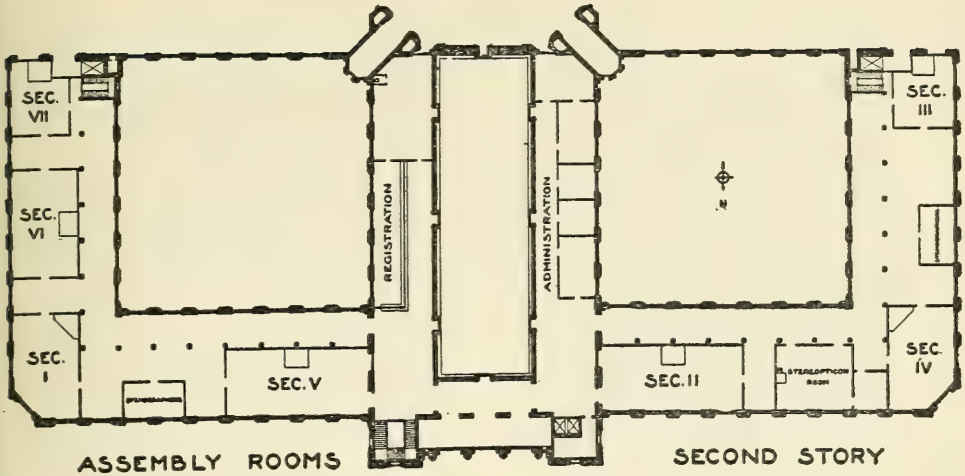
Abbott, Dr. M. E., Montreal.
Moore, Rev. Wm., Ottawa.
McGill University, Montreal.

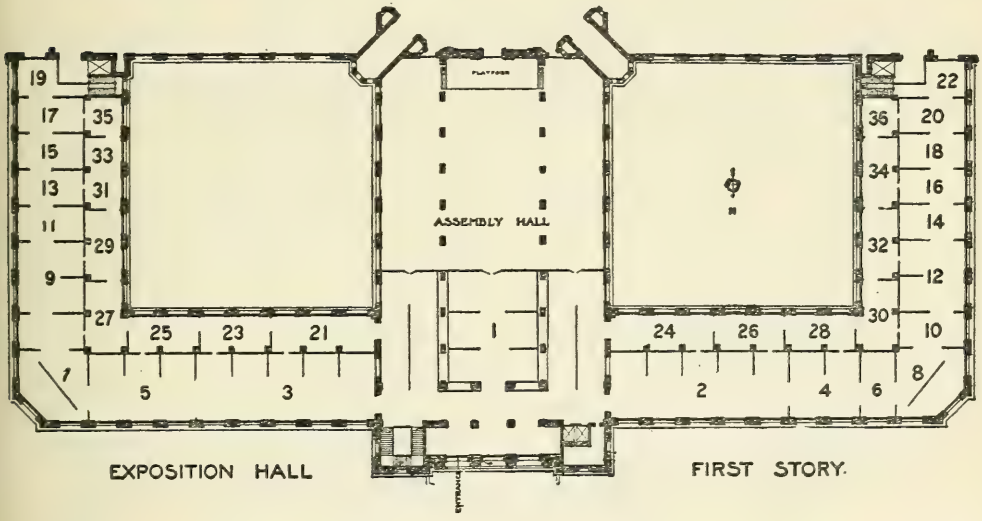
CUBA.

Dehogues, Dr. Jorge L., Havana.
Liga contra la Tuberculosis en Cuba.

FRANCE.

Adrian et Cie, Paris.
Bernheim, Docteur S., Paris.
Courmont, Dr. Paul, Médecin des Hôpitaux, Lyon.
Petit, Dr. Georges, Paris, France.
Petit, Dr. Léon, Paris.
Rothschild, Madame James, Paris.





KEY TO THE DIAGRAM.

NUMBERED FLOOR DIVISIONS AND THE DISTRIBUTION OF GOVERNMENT AND STATE EXHIBITS.

I Section (the Larger), Facing East, North and West, and numbered from 1 *to* 20.

Center.—1. New York.* †

Western Division.—2. Pennsylvania.† 4–6. Maryland.† 8. New Jersey. 10. Rhode Island. 12. Minnesota. 14. Nurses' Exhibit. 16. California and the Carolinas. 18. Connecticut. 20–22. Wisconsin.

Eastern Division.—3. Massachusetts.* † 5. Colorado. 7. National Association. 7a. District of Columbia. 9. Illinois. 11. Ohio. 13. Maine. 15. Michigan.† 17. Prize Awards. 19. New Mexico.

II Section (the Smaller), Facing the Inner Court, and numbered from 21 *to* 36.

Western Division.—24. Department of the Treasury (Public Health and Marine Hospital Service). 26. Department of War (Army Medical Dept.). 28. Department of the Navy (Bureau of Medicine and Surgery). 30. Department of Agriculture (Bureau of Animal Industry). 32. Department of Commerce and Labor (Census Office). 34. Department of the Interior (Indian and Smithsonian). 36. Government Printing Office.

Eastern Division.—21–23. Germany. 25. Great Britain and Canada.† 27. Switzerland. 29. Sweden. 31. Argentina and Uruguay. 33. Russia and Japan. 35. France, Cuba, and Porto Rico.

The second floor contains the section rooms, marked with Roman numerals. Nearly all the pathological exhibits were placed in the corridors on this floor.

* Also out-of-door exhibits in western inner court.
† Also pathological exhibits on second floor.

GERMANY.

Basse and Selva, Altena, Westphalia.
Benninghoven and Sommer, German Central Committee.
Berger and List, Hannover.
Brauer, Marburg.
Bumm, Prof. Dr., Kais. Gesundheitsamt, Berlin.
De la Camp, Erlangen.
Fränkel, Prof. B., Berlin.
Fränkel, Prof. C., Halle a. S.
Freund, Dr., Sanatorium Beelitz.
Gentsch, Otto, Magdeburg.
Hülsmann, C., Freiburg i. B.
Kabitzsch, Curt (A. Stuber's Verlag), Würzburg.
Kayserling, Prof. Dr. A., Berlin.
Klehmet, Dr., Stabsarzt, Berlin.
Koch, Dr., Marine-Stabsarzt.
Leineweber, F., Leipzig.
Neisser, Prof., Breslau.
Nietner, Prof. Dr., Berlin W. 9.
Noelle Bros., Lüdenscheid.
Pütter, Geh. Regierungsrat, Berlin.
Rath, Adolph vom, Institut.
Roepke, Melsungen.
Rose, C., Dresden.
Sabotta, Dr., Berlin.
Sarason, Dr. med., Berlin.
Springer, Julius, Berlin.
Wolff-Eisner, Dr., Berlin.

Collective Exhibits have been Contributed by the:

Brandenburgischer Provinzialverein, Berlin.
Deutsches Zentral-Komitee, Berlin.
Heilanstalt für Lungenkranke, Reiboldsgrün, Saxony.
Heilstätten Beelitz Industria, Cöln.
Kaiserliches Gesundheitsamt, Berlin.
Kindererholungsheim, Grop-Lichterfelde, W.
Landes-Versicherungsanstalt, Berlin.
Landes-Versicherungsanstalt, Brandenburg, Berlin.
Landes-Versicherungsanstalt d. Grossherzogtums Hessen-Darmstadt.
Landes-Versicherungsanstalt Elsass-Lothringen, Strassburg.
Magistrat der Haupt- und Residenzstadt, Berlin.
Neue Heilanstalt für Lungenkranke, Schömberg, Würtemberg.
Pensionskasse für die Arbeiter der Preussisch-Hessischen Staatseisenbahn-Gemeinschaft, Berlin.
Reichs-Versicherungsamt, Berlin.
Sanatorium für Lungenkranke, Schömberg, Würtemberg.
Sanatorium für Lungenkranke, Blasien, Baden.
Stadt, Berlin.
Volksheilstätten-Verein vom Roten Kreuz, Berlin.
Zentral-Komitee der Auskunfts- und Fürsorgestellen für Lungenkranke für Berlin und Vororte.

GREAT BRITAIN.

Anderson, Mr. M., Glasgow, Scotland.
Boyd, Alfred E., Dublin, Ireland.
Esther, Dr., Maitland, England.
Garland, Mr. C. H., London, England.
Henman, W., F.R.I.B.A., Cambridge, England.
Kilpedder Co., Wicklow, Ireland.
Martin, Dr. Sidney.
Miller, James, Birmingham, England.
Paterson, Dr., M. S., Frimley Sanatorium, England.
Philip, Dr., Edinburgh, Scotland.
Rockbrook Co., Dublin, Ireland.
Wells, A. Randall, Architect, Hastings, England.
Woodhead, Prof. Sims, Cambridge, England.

EXHIBITS FROM INSTITUTIONS.

Abbey Sanatorium, Belfast Union, Ireland.
Altadore Sanatorium, Wicklow, Ireland.
Barrasford, proposed sanatorium.
Crossley Sanatorium, Cheshire, England.
Delamere Sanatorium.
Esther Carling Sanatorium, Maitland, England.
Eastby Sanatorium, near Shipton, England.
Foster Green Sanatorium, Belfast, Ireland.
Kelling Sanatorium, Norfolk, England.
King Edward VII Sanatorium, Midhurst.
Larch Hill Sanatorium, Rockbrook, Ireland.
Mount Vernon Hospital, Northwood.
National Sanatorium, Benenden, Kent.
Notts. Sanatorium, Mansfield, England.
Penheskyn-y-Gors Sanatorium, Anglesey.
Frimley Sanatorium, Surrey, England.
Rostrevor Sanatorium, Down, Ireland.
Royal College of Surgeons of England Museum, London, Eng.
Royal National Hospital, Newcastle Co., Wicklow.
Royal Victoria Hospital for Consumptives, Edinburgh, Scotland.
University of Leeds, School of Medicine.
University of Manchester, School of Medicine.
University College Hospital Medical School, London.

HUNGARY.

Kuthy, Dr. D. O., I. Secretary der Commission, Budapest.

JAPAN.

Kitasato, Dr. S., Tokyo.

RUSSIA.

Govoroff, Dr., St. Petersburg.
V. Pehl, Prof. Dr., St. Petersburg.
Saxe, DeSantos, M.D., New York.

SWEDEN.

Buhre, Dr. Bertil, Stockholm C.

SWITZERLAND.

Bollag, Dr. Max, Liestal.
Morin, Dr., Leysin.
Peters, Dr., Sanatorium Schweizerhof, Davos-Platz.
Schmid, Dr. Friedrich, Berne.
Spengler, Dr. Lucius, oberhalb Davos.

COLLECTIVE EXHIBITS BY:

Commission Surbrale Suisse Antituberculeuse.
Station Climatérique d'Arosa.
Station Climatérique de Davos.
Station Climatérique de Leysin.

URUGUAY.

Salterain, Dr. Joaquin de, Montevideo.

Alphabetical List of Individual Exhibitors of the United States.

Abbott, Dr. O. M., Health Officer, Ponchatoula, La.
Abernathy, Dr. Y. L., Hill City, Tenn.
Addams, Miss Jane, Chicago, Ill.
Adler, Dr. Cyrus, Smithsonian Institution, Washington, D. C.
Albert, Dr. Henry, Iowa City, Iowa.
Alexius, Sister Rose, Glockner Sanitarium, Colorado Springs, Colorado.
Allen, Dr. H. C., Hering Med. Col. and Hos., Chicago, Ill.
Allen, Dr. Jos. E., Georgia School of Medicine, Augusta, Ga.
Allen, J. G., 1307 Adams Street, Peoria, Ill.
American Air Cleaning Co., Milwaukee, Wis.
Baldwin, Miss Florence, Portland, Oregon.
Barlow, Dr. W. Jarvis, Los Angeles, Cal.
Barnes, Dr. Harry Lee, Wallum Lake, Rhode Island.
Batt, Dr. Wilmer R., Harrisburg, Penna.
Beardsell, Mr. W. L., Burnitol Mfg. Co., Cambridge, Mass.
Billings, Jr., Dr. J. S., Dept. of Health, New York City, N. Y.
Bowditch, Dr. Vincent Y., 506 Beacon Street, Boston, Mass.
Bracken, Dr. Henry M., Sec. State Board of Health, St. Paul, Minn.
Bray, Miss Eugenia M., Washington, D. C.
Brooks, Dr. M. J., New Canaan, Conn.
Brooks Tent and Awning Co., Denver, Col.
Broome, Dr. J. R., In care of D. Appleton Co., New York City, N. Y.
Bullock, Dr. E. S., Silver City, New Mexico.
Bushnell, Dr. George E., Fort Bayard, New Mexico.
Cabot, Dr. A. T., Boston, Mass.
Carlton, Dr. R. E., Latonia, Ky.
Carlton, Dr. P. L., Latonia, Ky.
Carmody, Dr. Thomas E., Denver, Col.
Carpenter, Warwick S., Outdoor Life, Trudeau, New York.
Childs, Dr. Samuel B., Denver, Col.
Coleman, Miss Louise M., House of the Good Samaritan, Boston, Mass.
Coplin, Dr. W. M. L., Jeff. Med. Col. Hos., Philadelphia, Pa.
Davison, Dr. Alvin, Easton, Penna.
Denison, Dr. Charles, Denver, Col.
Denver Tent and Awning Co., Denver, Col.
Dixon, Dr. Samuel G., Harrisburg, Penna.
Easton, Mr. Christopher, St. Paul, Minn.
Farrand, Dr. Livingston, New York, N. Y.
Feustmann, Mr., Saranac Lake, N. Y.
Fiedler, Madame Lawrence, New York City, N. Y.
Flick, Dr. Lawrence F., Philadelphia, Penna.
Foster, Dr. N. K., Sacramento, Cal.
Frost, Prof. W. D., Madison, Wis.
Goler, Dr. George W., Health Officer, Rochester, N. Y.
Goodall, Dr. H. L., Lake Kushaqua, Franklin Co., N. Y.
Greene, Samuel Ward, East Greenwich, R. I.
Hammer, Dr. W. J., Silver City, New Mexico.
Hanmer, Lee F., New York City, N. Y.

Hatch, Mr. Wallace, Philadelphia, Penna.
Hatfield, Dr. Charles J., Philadelphia, Penna.
Hawes, Dr. John B., 2d, Boston, Mass.
Hills, Dr. Frederick L., Rutland, Mass.
Hodgson, Mr. E. F., Dover, Mass.
Hoffman, Mr. Frederick L., Newark, N. J.
Holabird and Roche, Chicago, Ill.
Howard, Rowland H., Yeadon, Del. County, Penna.
Hughes, Dr. D. Arthur, Chicago, Ill.
Hunt, Mr. Arthur C., Boston, Mass.
Hyams, Isabel F., Children's Exhibit, Mass.
Ireland, Major M. W., U. S. Army, Washington, D. C.
Jenkins, James, Charity Organization Soc., New York City, N. Y.
Johnson, Mr. Lindley, Architect, Philadelphia, Penna.
Kellogg, Dr. J. H., Battle Creek, Mich.
Kendrick Book & Stationery Co., Denver, Col.
Kiefer, Guy L., Health Officer, Detroit, Mich.
Kime, Dr. J. W., Fort Dodge, Iowa.
Knopf, Dr. S. A., New York City, N. Y.
Kny-Scheerer Co., The, New York City, N. Y.
Kober, Dr. George M., Washington, D. C.
Kruesi, Walter E., Boston, Mass.
La Motte, Miss E. N., Baltimore, Md.
Lewis, Dr. Richard H., Raleigh, N. C.
Little, Dr. W. T., Canon City, Col.
Lockard, Dr. L. B., Denver, Col.
Loring, Miss Louisa P., Aiken Cottage San., Aiken, S. C.
Lyman, Dr. David R., Wallingford, Conn.
McCarthy, Dr. D. J., Philadelphia, Penna.
McClure, Prof. C. F. W., Princeton, N. J.
MacCallum, Dr. W. G., Baltimore, Md.
Magruder, Dr. A. C., Colorado Springs, Col.
Manning, Dr. Wm. J., Sanitary Officer, Government Printing Office, Washington, D. C.
Marsh, Benj. C., New York City, N. Y.
Merrill, Dr. Theodore C., Colorado, Tex.
Meyer, Dr. Alfred, New York City, N. Y.
Mills, Dr. Walter S., New York City, N. Y.
Miltimore, Dean, Poughkeepsie, N. Y.
Minor, Dr. Charles L., Asheville, N. C.
Mohler, Dr. J. R., Animal Industry, Washington, D. C.
Morrill, Milton Dana, Architect, Washington, D. C.
Mullany, Mrs. John I., Dubuque, Iowa.
Newton, Elsie E., Department of Interior, Washington, D. C.
Nichols, Dr. Estes, Hebron, Maine.
North, S. N. D., Department of Commerce & Labor, Washington, D. C.
Nutting, Miss Adelaide, New York City, N. Y.
Parsons, Mrs. Henry, School Farm League, New York City, N. Y.
Pease, Dr. Herbert D., Albany, N. Y.
Peters, Dr. Wm. H., Pine Ridge Camp, Providence, R. I.
Pottenger, Dr. F. M., Monrovia, Cal.
Price, Dr. Marshall L., Baltimore, Md.
Probst, Dr. C. O., Columbus, Ohio.
Rafter, Elizabeth, Washington, D. C.
Randall-Faichney Co., Boston, Mass.
Ravenel, Prof., U. S. National Museum, Washington, D. C.
Ravenel, Prof. Mazyck, Madison, Wis.

Reldi, E. H., Newport, Vermont.
Rixey, Dr. P. M., U. S. Navy, Washington, D. C.
Roche, of Holabird and Roche, Chicago, Ill.
Rogers, Dr. Burton, Manhattan, Kan.
Rosenau, Dr. M. J., U. S. P. H. & M. H. S., Washington, D. C.
Ruebsam, John E., M. Th. D., (Cassel), Washington, D. C.
Sachs, Dr. Theodore B., Chicago, Ill.
Schillinger, Mr. Henry W., Portable Cottage Co., Davenport, Iowa.
See, Milton & Son, Architects, New York City, N. Y.
Shumway, Dr. F. W., Lansing, Mich.
Smith, Mrs. Laura Geddes, Monrovia, Cal.
Steele, Mr. H. Wirt, Baltimore, Md.
Sternberg, Dr. George M., Washington, D. C.
Stover, Dr. George H., Denver, Col.
Strauss, L., & Sons, New York City, N. Y.
Strong, Miss Isabel, Washington, D. C.
Swarts, Dr. Gardner T., Providence, R. I.
Tribe, Miss Emma E., Providence, R. I.
Trudeau, Dr. E. L., Saranac Lake, N. Y.
Vaughan, Dr. Victor C., Ann Arbor, Mich.
Veiller, Mr. Lawrence, New York City, N. Y.
Vogeler, Dr. Wm. J., Yonkers, N. Y.
Vogt & Morrill, Architects, Washington, D. C.
Walcott, Mr. Chas. D., Smithsonian Institution, Washington, D. C.
Walsh, Dr. Joseph, Philadelphia, Penna.
Walsh, W. E., Walsh Window Tent Co., Morris, Ill.
Warthin, Dr. A. S., Ann Arbor, Mich.
Watters, Dr. W. H., Boston, Mass.
Weeks, Dr. Stephen H., Portland, Maine.
Wegefarth, Dr. Harry M., Baltimore, Md.
Wilbur, Dr. Cressy L., Bureau of Census, Washington, D. C.
Wilson, Mr. Alex. M., Chicago, Ill.
Wilson, Dr. Louis B., Rochester, Minn.
Wilson, Wayne MacVeagh, Silver City, New Mexico.
Wood, Dr. Harold B., Philadelphia, Penna.
Wyman, Dr. Walter, U. S. P. H. & M. H. S., Washington, D. C.
Young, Dr. A. G., Augusta, Maine.
Zeller, Dr. George A., Peoria, Ill.

List of Collective Exhibitors of the United States.

Arranged According to States, after Government Exhibits.

Department of the Treasury (Public Health and Marine Hospital Service).
Department of War (Army Medical Department).
Department of the Navy (Bureau of Medicine and Surgery).
Department of the Interior (Indian and Smithsonian).
Department of Agriculture (Bureau of Animal Industry).
Department of Commerce and Labor (Census Office).
Government Printing Office.
The National Association for the Study and Prevention of Tuberculosis.
Playground Association of America.
Barlow Sanatorium, The, Los Angeles, Cal.
Pottenger, Sanatorium, The, Monrovia, Cal.

Cragmore Sanatorium, Colorado Springs, Col.
Modern Woodmen Sanatorium, Colorado Springs, Col.
Nordrach Ranch Sanatorium, Colorado Springs, Col.
Agnes Memorial Sanatorium, The, Denver, Col.
National Jewish Hospital for Consumptives, Denver, Col.
Evangelical Luthern Sanatorium, Denver (Edgewater), Col.
Jewish Consumptives Relief Society Sanatorium, Denver (Edgewater), Col.
Y. M. C. A. Health Farm, Denver (Edgewater), Col.
Swedish-American Sanatorium for the Care of Tuberculosis, Bethesda, Denver (Englewood), Col.
Colorado Fuel and Iron Company, The, Hospital and Welfare Departments, Pueblo, Col.
Gaylord Farm Sanatorium, Wallingford, Conn.
Wildwood Sanatorium, Hartford, Conn.
Workingmen's Free Bed Fund, Hartford, Conn.
Connecticut State Hospital for the Insane, Middletown, Conn.
New Haven Hospital, New Haven, Conn.
Springside Home (Board of Charities), New Haven, Conn.
New Haven Tuberculosis Dispensary, New Haven, Conn.
Board of Health, New Haven, Conn.
Undercliff Sanatorium, Meriden, Conn.
Meriden Anti-tuberculosis Association, Meriden, Conn.
Lake View Tuberculosis Pavilion, Bridgeport, Conn.
Waterbury Anti - tuberculosis League, Waterbury, Conn.
Waterbury Tuberculosis Class, Waterbury, Conn.
State Board of Health, Connecticut.
Fairlea Farm, Orange, Conn.
Vine Hill Farm Co., Elmwood, Conn.
State Board of Health, Illinois.
State Department of Factory Inspection, Illinois.
Illinois Central Hospital for the Insane, Jacksonville, Ill.
Illinois General Hospital for the Insane, Bartonville, Ill.
Cook County Hospital, Cook County, Ill.
Cook County Infirmary, Oak Forest, Ill.
Department of Health, Chicago, Ill.
Chicago Tuberculosis Institute, Chicago, Ill.
Edward Sanatorium, Naperville, Ill.
Visiting Nurse Association of Chicago, Chicago, Ill.
Chicago Relief & Aid Society, Chicago, Ill.
Ottawa Tent Colony, Ottawa, Ill.
Walsh Window Tent Co., Morris, Ill.
Indoor Window Tent Co., Peoria, Ill.
State Board of Health, Maine.
Maine Sanatorium, Hebron, Maine.
Maine Association for the Study and Prevention of Tuberculosis, Maine.
Health Department, Baltimore City, Md.
Federated Charities of Baltimore, Baltimore, Md.
Baltimore Municipal Tuberculosis Hospital, Baltimore, Md.
Maryland Live Stock Sanitary Board, Baltimore, Md.
Instructive Visiting Nurse Association of Baltimore, Baltimore, Md.
Barnwell's Dispensary, Baltimore, Md.
Maryland Agricultural College, College Park, Md.
Phipps Dispensary, The Johns Hopkins Hospital, Baltimore, Md.
Federated Jewish Charities, Baltimore, Md.
University of Maryland Tuberculosis Dispensary, Baltimore, Md.

Saint Luke's Dispensary, Baltimore, Md.
Atlantic Medical College, Baltimore, Md.
State Board of Health, Baltimore, Md.
State Lunacy Commission, Baltimore, Md.
Eudowood Sanatorium, Towson, Md.
Maryland Tuberculosis Sanatorium, Sabillasville, Md.
Johns Hopkins Medical School, Baltimore, Md.
Baltimore Medical College, Baltimore, Md.
College of Physicians and Surgeons, Baltimore, Md.
University of Maryland Medical School, Baltimore, Md.
Maryland State Veterinarians, Maryland.
Maryland Association for the Prevention and Relief of Tuberculosis, Baltimore, Md.
State Board of Health, Boston, Mass.
Massachusetts State Sanatorium, Rutland, Mass.
Associated Committees of the Massachusetts Medical Society for the Prevention and Control of Tuberculosis, Boston, Mass.
Massachusetts Commission on Hospitals for Consumptives, Boston, Mass.
State Hospital, Tewksbury, Mass.
Danvers Insane Asylum, Danvers, Mass.
Boston Consumptives' Hospital, Boston, Mass.
Boston Association for Relief and Control of Tuberculosis, Boston, Mass.
Boston Dispensary, Boston, Mass.
Suburban Tuberculosis Classes of the Massachusetts General Hospital, Boston, Mass.
Emanuel Church Tuberculosis Class, Boston, Mass.
Boston District Nursing Association, Boston, Mass.
Free Home for Consumptives, Dorchester, Mass.
St. Monica's Home, Roxbury, Mass.
Cullis Consumptives' Home, Dorchester, Mass.
Long Island Hospital and Almshouse, Long Island, Boston, Mass.
Boston University, Boston, Mass.
Worcester City Hospital Dispensary, Worcester, Mass.
Board of Health, Cambridge, Mass.
Cambridge Anti-tuberculosis Association, Cambridge, Mass.
Burnitol Manufacturing Company, Cambridge, Mass.
Portuguese League for Assistance to Consumptives, New Bedford, Mass.
Springfield Association for the Prevention of Tuberculosis, Springfield, Mass.
Lawrence Anti-tuberculosis League, Lawrence, Mass.
Holyoke Association for the Prevention and Relief of Tuberculosis, Holyoke, Mass.
Tuberculosis Committee of the Associated Charities, Malden, Mass.
Haverhill Anti-tuberculosis Association, Haverhill, Mass.
Tuberculosis Committee of the Associated Charities, Salem, Mass.
Fitchburg Society for the Control and Cure of Tuberculosis, Fitchburg, Mass.
Brookline Day Camp, Brookline, Mass.
House of the Good Samaritan, Boston, Mass.
Channing Home, Boston, Mass.
Sharon Sanatorium, Sharon, Mass.
Millet Sanatorium, East Bridgewater, Mass.
Massachusetts State Federation of Women's Clubs, Boston.
Minnesota State Exhibit.
University of Michigan, Ann Arbor, Mich.
Board of Health, Detroit, Mich.

Prudential Insurance Company of America, Newark, N. J.
St. Joseph's Sanatorium, Silver City, New Mexico.
New Mexico Cottage Sanatorium, Silver City, New Mexico.
Department of Health, City of New York, N. Y.
Riverside Hospital, New York City, N. Y.
Otisville Sanatorium, Otisville, N. Y.
Tuberculosis Infirmary of the Metropolitan Hospital, Department of Public Charities, New York City, N. Y.
Staten Island Hospital, Staten Island, N. Y.
Tuberculosis Dispensary, Cleveland, Ohio.
Children's Tent Colony, Cleveland, Ohio.
Rainbow Cottage, Cleveland, Ohio.
Holy Cross House, Cleveland, Ohio.
Goodrich House Camp, Cleveland, Ohio.
Hiram House Camp, Cleveland, Ohio.
House Gardening Association, Cleveland, Ohio.
Milk Fund Association, Cleveland, Ohio.
Warrensville Sanatorium, Warrensville, Ohio.
City Sanatorium, Cleveland, Ohio.
Street Cleaning, Cleveland, Ohio.
Visiting Nurse Association, Cleveland, Ohio.
Tuberculosis Dispensary, Cleveland, Ohio.
City Farm Colony, Warrensville, Ohio.
City of Columbus, Ohio.
City of Cincinnati, Ohio.
City of Toledo, Ohio.
Ohio State Sanatorium, Ohio.
County Hospital for Tuberculosis, Franklin County, Ohio.
County Hospital for Tuberculosis, Mahoning County, Ohio.
Pennsylvania Society for the Prevention of Tuberculosis, Philadelphia, Penna.
Visiting Nurse Society, Philadelphia, Penna.
Consumers League, Philadelphia, Penna.
Consumptives Home, Chestnut Hill, Penna.
Presbyterian Hospital, Philadelphia, Penna.
Rush Hospital for Treatment of Consumption, Philadelphia, Penna.
West Mountain Sanatorium, Scranton, Penna.
Department of Health and Charities, Philadelphia, Penna.
Tuberculosis League of Pittsburg, Pittsburg, Penna.
Polyclinic Hospital, Philadelphia, Penna.
Starr Center, Philadelphia, Penna.
Widener Memorial Home, Logan Station, Penna.
Germantown Hospital, Germantown, Penna.
Kensington Dispensary, Philadelphia, Penna.
Dermady Cottage Sanatorium, Morton, Penna.
Fern Cliff Sanatorium, White Haven, Penna.
Blue Ridge Mountain Sanatorium, Blue Ridge Summit, Penna.
Sunnyrest Sanatorium, White Haven, Penna.
The Orchards, White Haven, Penna.
Henry Phipps Institute, Philadelphia, Penna.
Free Hospital for Consumptives, White Haven, Penna.
State Department of Health, Harrisburg, Penna.
Rhode Island State Sanatorium, Wallum Lake, R. I.
University of Wisconsin, Madison, Wis.
State Board of Health, Wisconsin.
City of Milwaukee, Wisconsin.
Blue Mounds Sanatorium, Wisconsin.
Wisconsin State Sanatorium, Wisconsin.

List of Foreign Exhibits.

ARGENTINA.

Report of the Commission on the Treatment of Bovine Tuberculosis by the "Tulasekatin" of Prof. von Behring, to the Minister of Agriculture of Argentina; 121 pages; illustrated. About two thousand copies distributed by Dr. Firmin Rodriguez, Jr., of Buenos Aires.

Argentine League Against Tuberculosis.

Dispensaries.

Plans of the dispensaries of the Argentine League.

Plans of the Dr. Rawson Model Dispensary.

Photographic views of the dispensaries and their patients.

Wall self-cleansing spittoon of the Dr. Rawson Dispensary.

Models of pocket and bedside spittoons distributed to the patients of the dispensaries.

Two wall charts with the statistics of the dispensaries.

Hospitals for Tuberculosis.

Four photographs of the Muñiz Hospital (isolation). Wards for tuberculous patients.

Four photographs of the Rivadavia Hospital (women). Wards for tuberculous patients.

Municipal Sanatorium.

General plan of the Dr. Tornú Municipal Sanatorium (Villa Ortuzar).

Two plans of the sanitary works of the Municipal Sanatorium (septic tank and sewerage).

Model of reclining chair of the sanatorium.

Twenty-seven photographic views of the municipal sanatorium.

Tuberculous Mortality.

Plan of the topographical distribution of deaths from pulmonary tuberculosis during the period 1903–1907 in the capital of the republic. The plague in its stronghold: tuberculosis in the Buenos Aires tenements.

Wall chart with the mortality of pulmonary tuberculosis in the federal capital during the period 1889–1907.

Educational Propaganda.

Wall engraving of the Argentine League for antituberculosis instruction (third edition).

Wall engraving to demonstrate the mortality from tuberculosis in the cities and towns of the Argentine Republic, compared with the mortality from infectious diseases.

Catechism on tuberculosis (booklet).

Popular instruction on tuberculosis (leaflet).

Warfare against consumption (leaflet).

Lectures delivered under the auspices of the Argentine League.

Antituberculosis education by the General Match Company. (Rules printed on the flap or lid of the boxes.)

Picture to demonstrate hygienic and rational feeding of the working classes (leaflet).

Alcoholism.

Two wall pictures to demonstrate the evil effects of alcohol.

Popular instructions on anti-alcoholism (leaflet).

Street placard on anti-alcoholism (leaflet).

Alcoholism in the republic (report presented to the Argentine Parliament with the respective bill by the Argentine League) (pamphlet).

Publications.

Alianza de Higiene Social (Revista de la tuberculosis y Lucha antituberculosa). Seven volumes (1901–1908). Organ of the Argentine League.

Special number (August–September, 1908) of the Alianza de Higiene Social, dedicated to the members of the International Congress on Tuberculosis, Washington (2000 copies).

The campaign against tuberculosis in the Argentine Republic (1600 copies).

Envelop containing publications of the Argentine League for distribution to the members of the International Congress on Tuberculosis, Washington (500 copies).

The Argentine League at the International Congress Exhibition on Tuberculosis, Washington (4000 copies).

Awards of the Argentine League.

First prize awarded in the Saint Louis Exhibition (U. S. A.), 1904.

Gold medal awarded in the International Exhibition of Hygiene, Buenos Aires, 1904.

Gold medal awarded in the International Exposition of Hygiene, Montevideo, 1907.

AUSTRIA.

Literary Contributions.

The Austrian Organization Committee of the "Verein Lupusheilstätte" contributes the following literature:

(*A*) *aus den folgenden wissenschaftlichen Arbeiten von Ed. Lang und seinen Schülern, u. s. w.:*

Eduard Lang: Der Lupus und dessen operative Behandlung (Verlag von J. Safar, 1898).

Klinische Tafel operativ behandelter Lupusfälle (Wien, J. Safar).

Die Heilstätte für Lupuskranke und die Lupusbehandlung (Wiener klinische Rundschau, 1903, Nr. 18).

Die Heilstätte für Lupuskranke in Wien (Wiener klinische Wochenschrift, 1904).

Mitteilungen aus der Wiener Heilstätte für Lupuskranke (1. Folge, 1907).

Die Behandlung des Lupus (Wiener medizinische Presse, 1907, 45).

Max Ellmann: Beitrag zur Behandlung des Lupus (Jahrbuch der Wiener Krankenanstalten, Band I, Jahrgang 1892, und Band II, Jahrgang 1893).

Karl Popper: Die chirurgische Behandlung des Lupus vulgaris (Dermatologische Zeitschrift, Band IV, Heft I).

Siegfried Reiner: Die Erfolge der an 74 Lupuskranken ausgeführten Radikaloperation (Wiener medizinische Presse, 1900, 15–19).

Rudolf Brauchbar: Dermatoplastische Mitteilungen (Wiener klinische Rundschau, 1901, Nr. 48–50).

Alfred Jungmann, Ludwig Spitzer: Ergebnisse von 240 operierten Lupusfällen nebst Bemerkungen zur modernen Lupusbehandlung (Verlag von J. Safar, 1905).

Alfred Jungmann: Technisch-therapeutische Mitteilungen zur Lupusbehandlung, speziell zum Finsenbetrieb (Wiener klinische Wochenschrift, 1906).

Phototherapie der Hautkrankheiten (Sommer's Jahrbuch über Leistungen und Fortschritte auf dem Gebiete der physikalischen Medizin, Zürich, 1908).

Bericht aus der Wiener Heilstätte für Lupuskranke, 1905 (erschienen in den obigen "Mitteilungen aus der Wiener Heilstätte für Lupuskranke," I. Folge).

Indikation der Lupustherapie nach ihrem gegenwärtigen Stande (Archiv für Dermatologie, LXXXVII).

(*B*) *aus den Berichten des Vereines "Lupusheilstätte,"* 1904, 1905, 1906, 1907; *aus den Berichten des Kuratoriums der Stiftung "Heilstätte für Lupuskranke,"* 1904, 1905, 1906, 1907).

PATHOLOGICAL AND MICROSCOPICAL.

Diapositives of H. Dümler, Mech. (*Wien IX-3, Schwarzspanier-Strasse, No.* 4 *u.* 6.)

1. Nr. Tuberc. chron. cranii.
   615 Chron. Tuberk. des Schädeldaches. $\frac{1}{4}$ nat. Gr.
2. Nr. Tuberc. multipl. chron. cerebri.
   984 Zahlreiche chron. Tuberkel des Gehirns. $\frac{1}{3}$ nat. Gr.
3. Nr. Leptomeningitis tuberc. chron. c. encephal. haemorrh. Chron.
   991 Tuberkulose d. inneren Hirnhäute u. blutige Gehirnentzündung. nat. Gr.
4. Nr. Tuberculosis chronica durae matris.
   974 Chronische Tuberkulose der harten Hirnhaut. $\frac{3}{4}$ nat. Gr.
5. Nr. Tuberc. chron. vertebrae c. myelitide e compressione. Chron.
   945 Tuberkulose mehrerer Brustwirbel mit Rückenmarksentzündung nach Kompression. $\frac{3}{7}$ nat. Gr.
6. Nr. Pachymening. tuberc. ext. c. compressione med. spin. Tuberkulose Entzündung der harten Rückenmarkshaut mit Kompression des Rückenmarkes. $\frac{1}{2}$ nat. Gr.
7. Nr. Ulcera tuberc. narium et septum.
   646 Tuberkulose Geschwüre der Nase und Nasenscheidewand. nat. Gr.

8. Nr. 620 Tuberc. chron. laryngis.
Chron. Tuberk. des Kehlkopfes. $\frac{3}{4}$ nat. Gr.

9. Nr. 625 Cavernae tuberc. pulm. sin.
Tuberk. Cavernen d. linken Lunge. $\frac{1}{3}$ nat. Gr.

10. Nr. 828 Atelectasis Pulmon. sin. ex. caverna tuberc. et pleuritide chron.
Tuberkul. Caverne und chron. Pleuritis mit Kompressions-Atelektase d. l. Lunge. $\frac{1}{2}$ nat. Gr.

11. Nr. 829 Pneumonia lobul. tubercul. caseosa confl.
Käsige, tuberkulöse Lungenentzündung. $\frac{1}{3}$ nat. Gr.

12. Nr. 833 Ruptura aneurysmatis cavernae tuberc. pulmon. Berstung eines erweiterten Gefässes in einer tuberk. Lungenkaverne. $\frac{5}{6}$ nat. Gr.

13. Nr. 613 Ulcera tuberc. oesophagi.
Tuberk. Geschwüre der Speiseröhre. nat. Gr.

14. Nr. 621 Ulcera tuberc. ventriculi.
Tuberk. Geschwüre des Magens. nat. Gr.

15. Nr. 622 Ulcera tuberc. ventriculi.
Tuberk. Geschwür d. Magens (aus Nr. 621). 6mal vergr.

16. Nr. 627 Ulcera tuberc. ventriculi.
Tuberk. Geschwür des Magens. 6mal vergr.

17. Nr. 760 Tuberculosis chronica ulcerosa coeci et ilei cum polyposi. Chronische Tuberkulose des Dick- und Dünndarmes mit Polypen. $\frac{1}{3}$ nat. Gr.

18. Nr. 624 Tuberc. chron. peritonei.
Chron. Tuberk. des Bauchfelles. $\frac{1}{3}$ nat. Gr.

19. Nr. 626 Tuberc. chron. gland. mesent. et vasorum chylif. Chron. Tuberk. d. mesent. Lymphdrüsen u. Lymphgefässe. $\frac{1}{2}$ nat. Gr.

20. Nr. 367 Intimatuberkel der Aorta. nat. Gr.

21. Nr. 376 Endocarditis tuberculosa der Aortaklappen. nat. Gr.

22. Nr. 493 Nierentuberkulose. $\frac{1}{2}$ nat. Gr.

23. Nr. 623 Tuberc. chron. renis et ureteris.
Chron. Tuberk. der Niere u. d. Harnleiters. $\frac{1}{3}$ nat. Gr.

24. Nr. 634 Tuberc. chron. renis, pelvis et ureteris dextr.
Chron. Tuberkulose der rechten Niere, des Nierenbeckens und des Harnleiters. $\frac{1}{3}$ nat. Gr.

25. Nr. 635 Tuberc. chron. renis dextr.
Chron. Tuberkulose der rechten Niere. $\frac{3}{8}$ nat. Gr.

26. Nr. 636 Tuberc. chron. renis dextr.
Chron. Tuberk. der rechten Niere. $\frac{3}{8}$ nat. Gr.

27. Nr. 637 Tuberc. chron. renis dextr.
Chron. Tuberk. der rechten Niere. $\frac{3}{5}$ nat. Gr.

28. Nr. 663 Tuberculosis vesicae.
Tuberkulose der Harnblase. $\frac{1}{4}$ nat. Gr.

29. Nr. 619 Tuberc. chron. ossium articul. carpi manus sin. Chron. Tuberk. der Knochen d. linken Handgelenkes. $\frac{3}{4}$ nat. Gr.

30. Nr. 616 Ankylosis ossea cubiti dext. e tuberc.
Ankylose des rechten Ellenbogengelenkes nach Tuberkulose. $\frac{3}{4}$ nat. Gr.

31. Nr. 617 Ankylosis ossea cubiti dext. e tuberc.
Ankylose des rechten Ellenbogengelenkes nach Tuberkulose. (Innenseite von Nr. 616.) $\frac{3}{8}$ nat. Gr.

32. Nr. 618 Coxitis tuberc. chron. sin.
Chron. tuberk. Hüftgelenksentzündung, links. $\frac{3}{4}$ nat. Gr.

33. Nr. 614 Tuberc. chron. calcanei sin.
Chron. Tuberk. des linken Fersenbeines. $\frac{1}{2}$ nat. Gr.

34. Nr. 581 Verkäsungsfreie höckerige Cirrhose der Leber bei Impftuberkulose (Meerschweinchenversuch). nat. Gr.

35. Nr. 582 Glatte Cirrhose d. Leber, d. grösst. Teil ders. einnehm., bei Impftuberk (Meerschweinchenversuch). nat. Gr.

36. Nr. 564 Kultur menschlicher Tuberkelbazillen auf Glyzerin-Agar. Stamm II. nat. Gr.

37. Nr. 565 Kultur menschlicher Tuberkelbazillen auf Glyzerin-Agar. Stamm II. 6mal vergr.

38. Nr. 566 Kultur menschlicher Tuberkelbazillen auf Glyzerin-Agar. nat. Gr.

39. Nr. 567 Kultur menschlicher Tuberkelbazillen auf Glyzerin-Agar. (Aus Kultur Nr. 566.) 6mal vergr.

40. Nr. 571 Kultur menschlicher Tuberkelbazillen auf Glyzerin-Agar. Stamm III. nat. Gr.

41. Nr. 569 Perlsuchtbazillenkultur auf Glyzerin-Agar. Stamm I. nat. Gr.

42. Nr. 575 Perlsuchtbazillenkultur auf Glyzerin-Agar. Stamm I. (Aus Kultur Nr. 569.) 6mal vergr.

43. Nr. 568 Kultur menschlicher Tuberkelbazillen auf Lymphdrüsen-Agar. Stamm III. nat. Gr.

44. Nr. 574 Kultur menschlicher Tuberkelbazillen auf Lymphdrüsen-Agar. Stamm II. (Aus Kultur Nr. 564.) 6mal vergr.

45. Nr. 563 Kultur menschlicher Tuberkelbazillen auf Glyzerin-Lymphdrüsen-Agar. Stamm II. nat. Gr.

46. Nr. 570 Perlsuchtbazillenkultur auf Glyzerin - Lymphdrüsen - Agar. Stamm I. nat. Gr.

47. Nr. 576 Perlsuchtbazillenkultur auf Glyzerin - Lymphdrüsen - Agar. Stamm I. (Aus Kultur Nr. 570.) 6mal vergr.

48. Nr. 572 Perlsuchtbazillenkultur auf Glyzerin-Kartoffel. nat. Gr.

49. Nr. 82 Actinomyces-Art.
(neu) Mensch (Bombay). nat. Gr.

50. Nr. 83 Actinomyces-Art.
(neu) Mensch. nat. Gr.

51. Nr. 817 Kartoffelkultur von Aspergillus ochraceus. nat. Gr.

52. Nr. 818 Kartoffelkultur von Aspergillus ochraceus. 5mal vergr.

HUNGARY.

Diapositives, Dr. D. O. Kuthy, Budapest.

BELGIUM.

Inventaire des objets exposés par Monsieur le Professeur Heymans de Gand:

Un trocart.
Un scalpel.
Une tondeuse.
25 agrafes.
Un tube en verre.
Ceinture et boîte en fer blanc.
Six tirés-a-part (Archives).
Deux lattes avec pinces.
22 photographies.
Quatre photographies en couleur.
Un cadre (facades de l'Institut).
Un plan de l'Institut.
Deux flacons segments de roseau.
Deux flacons tubes de roseau.
Six flacons tubes de roseau montés.
Six flacons vaccins en capsule de gélatine.
Deux flacons vaccins achéves.
155 petits flacons contenant pièces anatomiques.
Une enveloppe inventaires.
Un fascicule bulletins d'autopsie.
231 photographies.
18 petits tubes contenant sacs retirés.
Six petits ballons avec culture dans sac de roseau.
Deux boîtes pour stérilisation.
Instruments de vaccination.
Tubes et sacs de roseau avec bleu de méthylène.
Sacs vides pour vaccins.
Echantillons divers: Vaccins, tuberculine brute, tuberculin dialysée, etc.
Trois toiles peintes.
Charts.

Literature contributed by Bernard Lefèvre (Gembloux):

1. La lutte contre la tuberculose. 1900–1905.
2. L'avenir de la lutte antitub. en Belgique. 1905.
3. L'armement antitub. de la Belgique. 1906.
4. L'éducatif antitub. 1906.
5. La lutte contre la tuberculose. 1906–1907.
6. Intervention des "Gouttes de lait" et des œuvres de protection de l'Enfance du premier age. 1907.
7. L'autane et la disinfection antituberculeuse.
8. Un essai de vulgarization de l'idée antitub. par la presse en Belgique. 1900–1908.
9. La tuberculose, Receuil d'articles de vulgarisation publiés en 1908.

BRAZIL.

Sao Paulo Association of Popular Sanatoriums for the Tuberculous.

Six diagrams of the mortality from tuberculosis and from epidemics in the towns of Sao Paulo, Santos, and Campinas.

Two colored maps of the general mortality from tuberculosis in the town of Sao Paulo.

One mura square showing the mortality from tuberculosis and epidemics in the city of Sao Paulo and the more important towns of the State of Sao Paulo.

One map of the city of Sao Paulo. (The location of the Clemente Ferreira Dispensary is indicated by a cross.)

Eight photographs of the "Clemente Ferreira" Antituberculosis Dispensary.

Three sections of the plan of the model dispensary recently built by the Sao Paulo's League against Tuberculosis.

One plan of the popular sanatorium "Sao Luis" in the town of Piracicaba (State of Sao Paulo).

Two plans relative to the popular sanatorium projected by the Sao Paulo League Against Tuberculosis, and which must be built in the suburbs of the town of Sao Paulo.

Three curves of the mortality from tuberculosis in the towns of Sao Paulo, Campinas, and Santos from 1898–1906.

Four wooden pyramids relative to the mortality of Sao Paulo.

CANADA.

FROM THE PATHOLOGICAL MUSEUM, McGILL UNIVERSITY, MONTREAL, CANADA.

Note.—Method of Preservation: The colors of most of these specimens have been preserved by the method of Kayserling; a few kept only in formalin have been added on account of their pathological interest.

The skilful mounting displayed is the work of Mr. E. L. Judah, the College Preparator.

Series I.

Tuberculous Pericarditis.

(Mounted in Upright Jars.)

1. *Subacute Tuberculous Pericarditis, Apparently Primary, with Hemorrhagic Exudate* (colors preserved). The parietal pericardium is laid open to show a hypertrophied heart lying in a much enlarged pericardial sac, the walls of which are deeply blood-stained, thickened, and lined with young granulation tissue and with shreds of recent fibrin. From a woman, aged twenty-one, ten ounces of blood-stained fluid were removed from the pericardium by aspiration one week before death.
2. *Tuberculous Pericarditis with Purulent Exudate.* The heart and lungs of an infant. The pericardial sac is laid open to show an enlarged cavity. Its walls are much thickened and are lined with purulent

débris. The pericardium, both pleuræ, and the peritoneum contained abundant rich pus.

3. *Chronic Tuberculous Pericarditis* (colors preserved). Adult heart. Posteriorly the pericardial layers are firmly adherent. Anteriorly the visceral pericardium is enormously thickened by the formation of a layer of granulation tissue, which bears patches of shreddy fibrine pus.

Tuberculosis of the Larynx.

4. *Tuberculous Ulceration of the Larynx.* The epiglottis, true and false vocal cords, and aryteno-epiglottidean folds are especially involved. Tuberculous perichondritis with deep ulceration of posterior wall.
5. *Early Tuberculous Ulceration of Larynx in Infant.* Two small follicular erosions of the opposed surfaces of the true vocal cords. From an infant, aged ten days, dying with tuberculosis of intestines (see Spec. No. 28).
6. *Tuberculosis of the Trachea.* Superficial ulceration of serpiginous character.
7. *Tuberculosis of the Trachea.* Deep ulceration and perichondritis, with destruction of cartilaginous rings.
8. *Hypertrophic Form of Laryngeal Tuberculosis.*
9. *Hypertrophic Form of Laryngeal Tuberculosis with Extensive Involvement of Under Surface of Epiglottis.* From a man, aged twenty-three, dying of chronic ulcerative pulmonary tuberculosis with terminal involvement of larynx and tongue (see Spec. No. 27).

Tuberculosis of the Lung and Pleura.

10. *Acute Miliary Tuberculosis of Lung* (colors preserved). Section of adult lung riddled with masses of tubercles forming small, discrete, yellowish foci of consolidation, showing beginning caseation. Intervening lung tissue emphysematous.
11. *Acute Miliary Tuberculosis of Lung. Caseous Tuberculosis of Mediastinal Glands* (colors preserved). Thoracic organs of infant. The voluminous lungs are uniformly riddled with discrete masses of caseating tubercles, varying from a pinhead to a barley-corn in size. There are masses of greatly enlarged lymph-glands about the trachea, one of which is laid open to show caseation and central breaking down. F., aged three. Symptoms of acute miliary tuberculosis set in one month before death, after whooping-cough. Extensive tuberculous involvement of lungs, liver, spleen (see Spec. No. 77), kidneys, pleura, peritoneum, intestines, Fallopian tubes, heart, diaphragm (see Spec. No. 25), and all lymph-glands.
12. *Acute Pulmonary Tuberculosis* (colors preserved). Coronal section of left lung congested and greatly swollen, especially the upper lobe, which is diffusely infiltrated with caseous tuberculous areas becoming confluent. In lower lobe spread of process by miliary tubercles is seen.
13. *Acute Pneumonic Phthisis. Chronic Pleurisy* (colors preserved). Section of right lung showing complete caseation (gelatinous pneumonia) of middle lobe and caseous bronchopneumonia of lobular areas

throughout upper and lower lobes. Lymph-glands at hilus anthracosed and caseous. Pleura thickened with signs of recent inflammation. From a boy, aged eleven. There was also a caseous bronchopneumonia of the left lung (see Spec. No. 73), generalized acute miliary tuberculosis, and tuberculous meningitis.

14. *Acute Pneumonic Phthisis. Marked Compensatory Emphysema. Chronic Pleurisy* (colors preserved). Section of lower lobe of left lung showing diffuse invasion of caseating process. Alveoli of uninvaded lung tissue enormously distended. Visceral pleura thickened and covered with tags of old adhesions. Anthracotic lymph-glands at hilus.

15. *Acute Pneumonic Phthisis—Ulcerative Type* (colors preserved). Left lung laid open to show extensive lobular foci of caseous bronchopneumonia, with central breaking down of larger areas. Intervening lung tissue congested and emphysematous. From a woman, aged thirty-five, who was subjected to a quack starvation treatment on account of a nodule in the left breast (suspected to be cancer, but shown at autopsy to be a fibroid). She lost 45 pounds in two months and acute pulmonary tuberculosis set in, which ran a rapid course. The process in the lungs was severe and wide-spread. The peribronchial glands were caseous.

16. *Acute Pneumonic Phthisis* (colors preserved). Apex of right lung from same case as No. 15, laid open to show a large area of consolidation, with caseation and central breaking down.

17. *Chronic Pulmonary Tuberculosis. Incipient Stage* (colors preserved). Part of left lung of adult showing early tuberculous lesion in upper lobe, a caseating process evidently proceeding from the walls of the bronchioles. Congestion and compensatory emphysema of remainder of upper lobe. Collapse of lower lobe, from compression from inflammatory exudate which occupied the left pleura.

18. *Chronic Ulcerative Pulmonary Tuberculosis* (colors preserved). Half of an enlarged and swollen left lung. Nearly the whole of its upper lobe is occupied by a cavity the size of a large orange which has a blood-stained lining and a gaping vessel projecting from its outer wall, and is bounded below by a thick wall formed of fibrosed lung tissue. The lower lobe shows everywhere recent invasion by caseous tuberculous nodules, and its intervening tissue is extremely emphysematous; many alveoli having coalesced to form large vesicles. The visceral pleura is thickened and the seat of old adhesions. Death from hemoptysis from eroded vessel in large cavity.

19. *Chronic Pulmonary Tuberculosis with Cavitation. Acute Caseous Pneumonia.* Sagittal section of right lung. A large cavity occupies half of its upper lobe. The remaining half of this lobe shows diffuse cheesy consolidation and the lower lobe is riddled with multiple lobular foci of bronchopneumonia. A few minute areas in the middle lobe show the onset of the process here also. The pleural layers are thickened and adherent.

20. *Chronic Pulmonary Tuberculosis with Cavitation* (colors preserved). Small section of lung showing two cavities lined by dirty grayish débris, one the size of an acorn, the other slightly larger, and traversed

by trabeculæ. The spread of the tuberculous process in the adjacent lung tissue by multiple miliary nodules is well seen. Chronic pleurisy.

21. *Chronic Ulcerative Pulmonary Tuberculosis* (colors preserved). Section of lung showing various stages in caseation and cavitation of tuberculous areas. From a woman, aged twenty-nine, dying with extensive tuberculosis of lungs and of the skin over the greater part of the trunk. History of "eczema" of the skin for twenty-seven years.
22. *Chronic Pulmonary Tuberculosis of the Type Known as Fibroid Phthisis. Cirrhosis of the Lung, "Healed" Tuberculosis* (colors preserved). A section of lung the seat of extensive fibrosis and anthracosis. There are a few recent tuberculous areas at the apex, which lies to the bottom of the jar. Chronic pleurisy. Anthracotic gland at hilus of lung.
23. *Chronic Pulmonary Tuberculosis. Fibroid Phthisis* (colors preserved). Left lung laid open to show whole upper lobe much shrunken and completely fibrosed, consisting of a mass of anthracotic tissue traversed by numerous thick-walled bronchi and gaping vessels. The lower lobe is voluminous, and is somewhat pigmented, but is otherwise normal.
24. *Pseudo-tubercles of Pleura.* Section of lung showing the visceral pleura dotted with numerous small, round, opaque, white areas of chronic thickening, each surmounted by an anthracotic zone. (These nodules are not tuberculous and are to be distinguished from this process).
25. *Tuberculous Pleurisy* (colors preserved). The diaphragm from same case as Nos. 11 and 17. The pleural surface is studded with large tubercles varying from a pea to a pin-head in size, and irregularly covered with fibrinous exudate.
26. *Bovine Tuberculosis of Pleura* (colors preserved). Two large masses taken from the pleural cavity of a cow, in which they lay free just above the diaphragm. They consist of multiple grape-like nodules adherent by inflammatory tissue to form large tumors. The cut surface shows central caseation of individual tumors.

Tuberculosis of the Digestive System.

27. *Tuberculous Ulcers of the Tongue.* From same case as Spec. No. 9. From a man, aged twenty-three, dying of chronic pulmonary tuberculosis with secondary disease of the larynx.
28. *Early Tuberculous Ulcers of Small Intestine in Infant* (colors preserved). The Peyer's patches present a superficial invasion resembling the lesions in typhoid fever. From same cases as Spec. No. 5. The illness began the third day after birth with intestinal symptoms. Death on the tenth day. Microscopical section of the ulcers showed definite tubercles and giant-cells.
29. *Tuberculous Ulceration of Small Intestine* (colors preserved). The ulcers show the transverse arrangement, tuberculated base, indolent edges, and involvement of the serous coat typical of this disease.
30. *Tuberculous Ulceration of Small Intestine* (colors preserved). Several deep ulcers, transverse in arrangement. One is annular, completely

surrounding the lumen of the gut. Marked involvement of the serosa.

31. *Tuberculous Ulceration of Small Intestine, of Follicular Type* (colors preserved). From a youth, aged nineteen, with advanced chronic pulmonary tuberculosis with cavitation, generalized tuberculous ulceration of the intestines. Perforation. Peritonitis. Sudden death.
32. *Tuberculous Ulceration of Large Intestine, Showing Extreme Stages of the Disease. Purulent Peritonitis.* (colors preserved).
33. *Chronic Proliferative Inflammation of Tuberculous Origin of Peritoneum Forming Capsule of Spleen* (colors preserved). The great omentum is inflamed and is riddled with small tubercles. The inflammatory process is most intense along its free border, which is retracted, thickened, and deeply injected, almost gangrenous, in appearance. From a girl, aged eighteen, with tuberculosis of lungs and Fallopian tubes. Death from abscess of the liver and portal thrombosis, an independent affection.
36. *Tuberculous Peritonitis.* Portion of parietal peritoneum showing great thickening of serosa, which is covered with organized exudate studded with miliary tubercles.
37. *Bovine Tuberculosis of Peritoneum.* Great omentum of cow covered with projecting, grape-like masses.

Tuberculosis of Ductless Glands.

38. *Tuberculosis of Lymph-glands.* Larynx and trachea showing great hyperplasia of peritracheal glands with central caseation. From a man, aged nineteen, dying of generalized miliary tuberculosis. Acute process set in three months before death.
39. *Tuberculosis of Peribronchial Lymph-glands* (colors preserved). Two enlarged glands the size of butternuts lie at the bifurcation of the trachea. Their cut surface shows their fibrocaseous structure. A portion of lung presents a large caseous area of chronic tuberculosis, which is surrounded by a fibrosed lung tissue. From a youth, aged eighteen, dying of tuberculosis of lungs, spleen, and liver, and generalized tuberculosis of the peritoneum resembling the bovine type.
40. *Primary Tuberculosis of Peritracheal and Mediastinal Lymph-glands.* Miliary tuberculosis of lung. Thoracic organs show masses of greatly enlarged glands surrounding the trachea, and with the thymus press down upon the heart and root of lungs. Two of these are laid open from behind and show fibrous hyperplasia and beginning caseation. Generalized miliary tuberculosis of lungs, liver and spleen, kidney, and mesenteric glands.
41. *Tuberculosis of Peritracheal Glands, Caseation and Anthracosis, but Little Hyperplasia.*
42. *Tuberculosis of Peritracheal Glands Showing Congestion and Multiple Caseous Foci, but Little Enlargement* (colors preserved).
43. *Caseous Tuberculosis of Mesenteric Glands.* Portion of mesentery, between the layers of which numerous enlarged glands of varying size project prominently forward. From same case as Spec. No. 38.

44. *Caseous Tuberculosis of Mesenteric Glands.* A number of enlarged glands firmly united by old inflammatory tissue to form large tumors. The cut surface shows extensive caseation of the individual glands, the free (peritoneal) surface numerous miliary tubercles.
45. *Bovine Tuberculosis of Retroperitoneal Glands* (colors preserved). A mass of enlarged glands from the abdomen of a cow. It is the size of a goose's egg, and its cut surface shows extensive calcification.
46. *Miliary Tuberculosis of Spleen* (colors preserved). Section of organ of about normal size, riddled throughout with fine pin-point, whitish nodules.
47. *Tuberculosis of Spleen* (colors preserved). A small organ the seat of passive congestion, riddled with caseous areas from pin-point to hempseed in size. The nodules project a little above the capsule, and there is slight peripleuritis.
48. *Miliary Tuberculosis of Spleen* (colors preserved). Section of dark-colored organ, slightly reduced in size, dotted with discrete caseous nodules, the largest the size of a pea. Capsule thickened and inflamed. From a patient, aged thirty-one, dying of tuberculous pleuritis and meningitis, miliary tuberculosis of lungs, spleen, kidney, caseous tuberculosis of retroperitoneal and pelvic lymph-glands.
49. *Tuberculosis of Adrenal and of Kidney in Addison's Disease* (colors preserved). In the upper part of the jar is a slice through the enlarged and caseous adrenal. It is simply a caseous mass with fibrous hyaline capsule. Below are two transverse sections from the upper part of the kidney showing large tuberculous abscesses involving the whole pyramids and extending to the cortex, filled with breaking-down caseous débris.
50. *Tuberculosis of Adrenal in Addison's Disease* (colors preserved). The organ is laid open longitudinally and shows multiple caseous foci throughout its substance.

Tuberculosis of Urogenital System.

Nos. 51 to 58 are a series of specimens of primary and secondary tuberculosis in kidneys removed by nephrectomy on a diagnosis based upon an investigation of the functional value of the organs by separation and comparison of the two urines obtained by ureteral catheterization. Investigator, Dr. R. P. Campbell, Montreal.

1. *Primary Tuberculosis of Right Kidney* (colors preserved). Enlarged organ laid open. The cortex is the seat of numerous tuberculous areas formed of masses of miliary tubercles surrounded by a hemorrhagic zone. The pelvis is dilated and shows early tuberculous invasion. The urine from the right (diseased) kidney had sp. gr. 1015, alkaline reaction, urea 1.2 per cent., freezing-point —1.03° C. and contained albumin, sugar, pus, and bacteria; that from the left (healthy) kidney had sp. gr. 1022, alkaline reaction, urea 1.5 per cent., freezing-point —1.65° C., a little sugar, no albumin, no pus.
52. *Acute Tuberculosis of Right Kidney* (colors preserved). There is a localized area of disease about 1 inch square in the cortex, consisting of small tubercles raised above the surface and surrounded by a large zone of congestion. Other tuberculous areas at the lower pole

were removed at the nephrectomy. From a woman, aged thirty-five. History of renal colic for three months, loss of weight, and pyuria. Definite edema about right ureteral meatus. Urine from right (diseased) kidney showed sp. gr. 1007, urea 1.2 per cent., albumin, and pus; that from the left, sp. gr. 1008, urea 1.3 per cent., no pus nor albumin.

53. *Primary Tuberculosis of Left Kidney* (colors preserved). Multiple tuberculous areas in the cortex, invading especially the poles. In the medulla the apices of the pyramids have been largely destroyed. The pelvis and calices show secondary infection. Symptoms for three months. Urine from left (diseased) kidney showed sp. gr. 1004, alkaline reaction, urea 0.5 per cent., freezing-point —.0°, albumin, pus, and a few blood-cells; urine from right, sp. gr. 1030, acid reaction, urea 4 per cent., freezing-point —2.68°, no pus nor albumin. Left nephrectomy. Recovery.

54. *Primary Tuberculosis of Left Kidney* (colors preserved). The cortex shows numerous tubercles, irregularly distributed, the medulla a large area of secondary involvement in pyramids of upper pole. Symptoms were hematuria and frequency. Urine from left (diseased) kidney showed sp. gr. 1006, alkaline reaction, urea 0.6 per cent., much albumin, blood, pus, and many tubercle bacilli. From the right (unaffected) kidney, sp. gr. 1026, acid reaction, urea 2.9 per cent., albumin, but no pus.

55. *Secondary Tuberculosis of Left Kidney* (colors preserved). Multiple abscess cavities lined with a heavy layer of granulation tissue occupy the position of the pyramids. The kidney is much enlarged and is irregularly shaped; hemorrhagic areas on outer surface of cortex correspond with abscess cavities beneath. The urine from the left (tuberculous) kidney was almost pure pus and contained tubercle bacilli. That from the right was acid, sp. gr. 1018, contained some albumin and a few pus-cells, but no tubercle bacilli. Primary disease in lungs.

56. *Primary Tuberculosis of Left Kidney* (colors preserved). Multiple abscesses filled with caseous débris occupy chiefly medulla; one extends through the cortex to the outer surface of kidney, which is here irregularly covered with large tubercles. First symptoms, hematuria and frequency, set in one year previous to operation. Examination of urine from left kidney showed alkaline reaction, sp. gr. 1004, freezing-point —0.50°, pus in quantity, and tubercle bacilli; from right, sp. gr. 1022, acid reaction, freezing-point —1.95°, no pus, blood-cells, nor bacilli.

57. *Primary Tuberculosis of Left Kidney* (colors preserved). The organ is greatly enlarged and is laid open to show a very advanced stage of the disease, its whole substance except a small area at its lower pole being transformed into a system of tuberculous abscesses filled with caseous débris and separated by zones of fibrous tissue. From a woman, aged twenty-four, pain in left side for one year, pyuria, and gradual loss of weight and strength. The left ureteral orifice was ulcerated. The urine from the left (diseased) kidney showed acid reaction, sp. gr. 1007, urea 0.5 per cent., albumin in large quan-

tity, pus, blood, and tubercle bacilli; from right, acid reaction, sp. gr. 1022, urea 0.2 per cent., trace of albumin, no pus.

58. *Chronic Tuberculosis of Left Kidney, Showing Areas of Fibrosis and Caseation, and Illustrating Stage of Healing* (colors preserved). From a man, aged thirty-five. Symptoms of frequency and painful micturition, pain in back, and loss of weight six months. Ulcer about orifice of left ureter, severe cystitis. Urine from left (diseased) kidney showed neutral reaction, sp. gr. 1008, pale color, urea 0.3 per cent., large amount of albumin, much pus, and tubercle bacilli; from right (healthy) kidney, acid reaction, sp. gr. 1025, yellow color, 1.7 per cent. urea, trace of albumin, calcium oxalate crystals, with a few pus-cells.
59. *Secondary Tuberculosis of Kidney* (colors preserved). Cortex riddled with multiple caseous areas varying from a pea to a pin-head in size, which project beneath the capsule. Primary disease in lungs.
60. *Acute Miliary Tuberculosis of Kidney in Child* (colors preserved). Organ is slightly swollen, the cortex springing forward above the medulla, and the seat of stellate injected vessels. Small yellow tubercles are seen on close inspection beneath the capsule. From a case of tuberculous peritonitis and miliary tuberculosis of all organs. Old healed focus in apex of lung.
61. *Chronic Tuberculosis of Kidney. "Excretion Tuberculosis."* The me dulla is the seat of a series of tuberculous abscesses occupying all the pyramids.
62. *Chronic Tuberculosis of Kidney, Ureter, and Epididymis.* The kidney is reduced to a mere sac, consisting of four or five communicating chambers, its walls lined with caseous débris which contained putty-like, yellowish-white contents at the autopsy. The entire epididymis is caseous. From a man, aged fifty-two. Death from lobar pneumonia.
63. *Chronic Tuberculosis of Kidneys.* Left organ is enlarged and presents several tuberculous abscess cavities occupying the situation of the pyramids at either pole. Right kidney is atrophied to a small fibrous body, with two small cysts at its lower pole, presenting a healed process.
64. *Caseous Tuberculosis of Epididymis* (colors preserved).
65. *Chronic Tuberculosis of Testicle* (colors preserved).

Tuberculosis of Female Genital Organs.

66. *Tuberculous Endometritis.* Pelvic organs of adult female with uterus laid open to show fungoid caseating mucosa lining its body throughout.
67. *Tuberculous Salpingitis* (colors preserved). Pelvic organs of female infant. Both tubes are swollen and distorted. The left is the larger, and is plainly seen to be distended with caseous contents, as shown by the yellow color. From the same case as Specs. Nos. 5 and 28.
68. *Tuberculous Salpingitis and Peritonitis* (colors preserved). Pelvic organs of adult female. Both tubes are swollen and distorted. The right is laid open and shows a thickened, caseous mucosa. The pelvic peritoneum lining the pouch of Douglas, and also that laterally

from the uterus, is covered with thick, recent inflammatory exudate, in which lie many tubercles.

69. *Double Chronic Pyosalpinx.* Both Fallopian tubes removed at operation. Uterine end was distended with caseous material, the right forming a tumor the size of an acorn, the left the size of a walnut. The tubes beyond these tumors are only slightly enlarged at first, but become distended again toward the fimbriated end with similar caseous contents. From a woman, aged thirty-three. At the operation both ovaries and uterus were found to be healthy and were left behind. Recovery.
70. *Double Tuberculous Pyosalpinx.* Both tubes are enormously distended with caseous material, forming pear-shaped tumors which enlarge gradually toward the fimbriated end. The right is slightly larger than the left. Removed at operation from a married woman, aged twenty-six. Had had three attacks of pelvic pain in the previous six months and occasional fever. No other symptoms. Curetting of uterus showed healthy mucosa. Recovery.
71. *Bovine Tuberculosis of Udder of Cow* (colors preserved). Cross-section of udder and of tuberculous gland above it, showing tuberculous infiltration and extensive caseous degeneration.

Tuberculosis of Bone.

72. *Kyphosis of Spine with Ankylosis of Dorsal Vertebræ.* Extensive evidences of old inflammatory process and new bone formation involving all the articulations, probably tuberculous in origin.
73. *Section of Foot Showing Tuberculosis of Astragalus.*

Series II.

(Petri, Pasteur, and clock-glass specimens, colors preserved in all.)

74. *Acute Pneumonic Phthisis. Caseous Bronchopneumonia.* Section of lung showing multiple lobular foci of caseous bronchopneumonia.
75. *Acute Pneumonic Phthisis.* Lung of child laid open to show multiple lobular foci of caseous bronchopneumonia. Also one large area of cheesy consolidation at apex of lower lobe. Female infant, aged six months. Born in miserable tenement of unhealthy parents. Underfed with improper food, resulting in general wasting. Acute generalized miliary tuberculosis of all organs. Caseation of mesenteric, retroperitoneal, and bronchial glands. Tuberculous ulceration of intestine.
76. *Tuberculosis of Liver.* Section of organ showing ill-defined caseous nodules, one the size of a marrow-fat pea.
77. *Acute Miliary Tuberculosis of Spleen of Infant.* The organ is greatly enlarged and riddled with large caseous areas, many of which show beginning of breaking-down in center. They project above the surface of the organ and are surrounded by hemorrhagic zones. From same case as Specs. Nos. 11 and 25.
78. *Bovine Tuberculosis of Spleen. Hyaloserositis.* Section of spleen of cow showing extensive caseation of nearly the whole substance.

Capsule is covered with thick, laminated, inflammatory tissue which has undergone hyaline change.

79. *Acute Miliary Tuberculosis of Kidney.*
80. *Chronic Tuberculosis of Kidney.* Advanced ulceration in pyramids of medulla and extensive caseation. Spread of process in cortex by miliary tubercles.
81. *Tuberculoma of Brain.* Section of cerebrum showing circumscribed tumor, 3.5 cm. in diameter, of fibrous structure, with caseous débris in meshes.
82. *Tuberculosis of Iris.* Section of eyeball mounted as a microscopical slide. Two well-marked tubercles are seen on the iris by a low-power lens.

LITERATURE.

Contributions from the Association for the Prevention of Tuberculosis, Ottawa (Wm. Moore, Secretary).

FRANCE.

Microscopic specimens and lantern slides to be demonstrated; Cultures of Tubercle Bacilli: Dr. Paul Courmont and Prof. Arloing, Lyon.

Illustrations; planks used in hospitals; pamphlets; apparatus for purifying air: Dr. Léon Petit, Paris.

Photographs; Mme. Rotschild, Paris.

Drugs used in the treatment of tuberculosis (Adrian & Co., Paris):

6 flacons Pilules Vellédol Adrian 0.05.
6 boîtes Ampoules Vellédol Adrian 0.10.
125 grammes Pilules Vellédol 0.05 (un flacon).
6 flacons Solution Arrhénal Adrian.
6 flacons Granulés Arrhénal Adrian.
6 flacons Comprimés Arrhénal Adrian.
6 boîtes de 10 Ampoules Arrhénal Adrian.
6 flacons Extrait de Céréales Adrian.
6 flacons Granulé de Céréales Adrian.
6 boîtes Bonbons de Céréales Adrian.
3 flacons Capsules Sérafon.
3 flacons Capsules Sérafon Eucalyptol.
3 flacons Solution Sérafon.
3 flacons Solution Sérafon Eucalyptol.
3 boîtes Ampoules Sérafon.
3 boîtes Ampoules Sérafon Eucalyptol.

GERMANY.

Die Deutsche Abteilung der Ausstellung ist im Rahmen eines Tuberkulose-Wandermuseums gehalten. Sie umfasst dementsprechend:

1. Die Ursachen der Tuberkulose.
2. Die Ausbreitung der Tuberkulose.
3. Die Verhütung der Tuberkulose.

4. Die Behandlung der Tuberkulose.
5. Die Belehrung über die Tuberkulose.

Die Vorbereitungen zur Beschickung der Ausstellung sind vom Deutschen Zentral-Komitee zur Bekämpfung der Tuberkulose (Generalsekretär Prof. Dr. Nietner, Berlin) durchgeführt worden. Der folgende Katalog ist im Auftrage dieses Komitees von Stabsarzt Dr. Klehmet, der das Kaiserliche Gesundheitsamt betreffende Abschnitt von Regierungsrat Dr. Hamel bearbeitet worden.

VERZEICHNIS DER AUSGESTELLTEN GEGENSTÄNDE, GEORDNET NACH AUSSTELLERN.

(A) Deutsches Zentral-Komitee zur Bekämpfung der Tuberkulose, Berlin.

Das unter dem Protektorat ihrer Majestät der Kaiserin und Königin stehende Deutsche Zentral-Komitee zur Bekämpfung der Tuberkulose verfolgt den Zweck, im Gebiete des Deutschen Reichs die für die Bekämpfung der Tuberkulose als Volkskrankheit geeigneten Massnahmen anzuregen und zu fördern, insbesondere auf die Errichtung von Heilstätten für unbemittelte und minderbemittelte Lungenkranke hinzuwirken und erforderlichenfalls die Errichtung solcher Heilstätten durch Gewährung von Zuschüssen zu den Kosten der Begründung zu unterstützen. Zu den Kosten der Unterhaltung der Heilstätten werden Zuschüsse in der Regel nicht gewährt, vielmehr verlangt das Zentral-Komitee, dass die Aufbringung der hierzu erforderlichen Kosten durch andere Faktoren, wie Lokalvereine, Vereine vom Roten Kreuz, Kommunalverbände, Versicherungsanstalten, Armenverbände, private Wohltätigkeit u. s. w. gesichert ist.

1896 unter dem Namen "Deutsches Zentral-Komitee zur Errichtung von Heilstätten für Lungenkranke" gegründet, hat es in allen Teilen des Reiches das Interesse für die Sache geweckt und belebt. Hiervon zeugt die grosse Zahl der dem speziellen Zweck der Fürsorge für Lungenkranke dienenden Vereine, deren Bestrebungen, soweit sie unbemittelten Kranken helfen wollen, an den Landes-Versicherungsanstalten eine lebhafte Stütze finden. Diese sichern durch die Überweisung ihrer versicherten Heilbedürftigen wesentlich die Unterhaltung der Heilstätten. Auf dieser Verbindung der Interessen der gemeinnützigen Vereinigungen mit denjenigen gesetzlicher Institutionen beruht in der Hauptsache die schnelle und günstige Entwickelung der Lungenheilstätten-Bewegung in Deutschland.

Im Laufe der Jahre erweiterten und vermehrten sich die Aufgaben des Zentral-Komitees. Schon frühzeitig wurde die Bekämpfung der Tuberkulose durch die Wohnungsfürsorge in Angriff genommen und allmählich wurden alle vorbeugenden Massnahmen in den Kreis der Arbeiten einbezogen. Weiterhin wurde die Heilstättenfürsorge ergänzt durch die Familienunterstützung und den Arbeitsnachweis für die aus den Heilstätten entlassenen Lungenkranken, deren sich vorzugsweise die Vereine annahmen. 1899 organisierte das Komitee den denkwürdigen ersten "Kongress zur Bekämpfung der Tuberkulose als Volkskrankheit" in Berlin, dem die weiteren internationalen Kongresse folgten. Für Aufklärung des Volkes wurde neben der von den Kongressen ausgehenden Belehrung durch Anregung von Vorträgen,

durch Verbreitung populärer Schriften, Merkblätter und Plakate, und durch Einrichtung von Tuberkulose-Museen gesorgt.

Nachdem das Zentral-Komitee erstmalig 1901 einen Informationskursus für die Chefärzte der Heilstätten veranstaltet hatte, wurde diese Einrichtung seit 1903 zu Tuberkulose-Ärzteversammlungen erweitert, die seitdem jährlich stattfinden und zur Klärung und Erledigung der schwebenden Fragen wesentlich beitragen.

1902 gründete sich gelegentlich der vom 22.–26. Oktober in Berlin abgehaltenen I. internationalen Tuberkulose-Konferenz die "Internationale Vereinigung gegen die Tuberkulose" mit dem Sitz in Berlin.

Das Zentral-Komitee trat weiterhin für die Errichtung von Auskunfts- und Fürsorgestellen für Lungenkranke ein, die seit 1903 in zahlreichen Städten Deutschlands vorhanden sind und sich als ein Hauptglied in der Kette der Massnahmen zur Bekämpfung der Tuberkulose vorzüglich bewährt haben. Zur Versorgung der Schwindsüchtigen in vorgeschrittenem Stadium wurde durch Einrichtung von Invalidenheimen und Pflegestätten vorgegangen. In den letzten Jahren wurde eine grosse Reihe von Walderholungsstätten errichtet, die den aus den Heilstätten Entlassenen den Übergang in ihre Berufstätigkeit erleichtern sollen. Als neueste Errungenschaft auf dem Gebiete der Tuberkulose-Bekämpfung ist noch die Waldschule zu nennen. Weiterhin wurde für tuberkulöse und Tuberkulose-bedrohte Kinder durch Entsendung in Ferienkolonien, Seehospize und Solbäder Sorge getragen.

In allen Landesteilen hat das Zentral-Komitee Ausschüsse, die sich an der Arbeit beteiligen. Seit 1907 schliesslich hat sich das Komitee neben den bisherigen Gebieten auch der besonderen Bekämpfung des Lupus zugewandt.

An Tuberkulose-Anstalten sind in Deutschland zur Zeit 99 Volksheilstätten mit 10,539 Betten (6,500 für Männer und 4,539 für Frauen) sowie 36 Privatanstalten mit 2,175 Betten vorhanden, so dass jährlich rund 50,500 Personen behandelt werden können. Für tuberkulöse Kinder sorgen ausserdem 18 Anstalten mit 837 und für Tuberkulose-bedrohte, skrofulöse Kinder 73 Anstalten mit 6,843 Betten. 175 Auskunfts- und Fürsorgestellen für Lungenkranke sind in Betrieb, ausserdem 534 allein für das Grossherzogtum Baden. Ferner dienen 82 Walderholungsstätten, 3 Waldschulen, 2 ländliche Kolonien, 13 Invalidenheime und Pflegestätten, 13 Genesungsheime für Tuberkulose und 18 besondere Lupusstationen den Zwecken der Tuberkulose-Bekämpfung.

No. 1.—Drei schematische Abbildungen, darstellend das Eindringen von Tuberkelbazillen in ein Lungenbläschen.

1.—Normales Lungenbläschen mit erster Tuberkelbazillen-Ansiedelung. An der Innenwand des Lungenbläschens einige Rundzellen, Beginn der Entzündung, wenige rot gefärbte Tuberkelbazillen.

2.—Lungenbläschen mit Entzündung durch Tuberkelbazillen. Die ganze Innenwand des Lungenbläschens mit Rundzellen ausgekleidet, freie Eiterzellen, hochgradige Entzündung, zahlreiche Tuberkelbazillen.

3.—Käsige Zerstörung eines Lungenbläschens. Das Lungenbläschen mit Zerfallsprodukten ausgefüllt, in ihnen Eiterzellen und Tuberkelbazillen.

No. 2.—Drei schematische Abbildungen, darstellend verschiedene Stadien der Lungentuberkulose.

1.—Geschlossene Tuberkulose der Lunge, keine Verbindung mit dem Luftwege. Im Lungengewebe zwei Tuberkel, ohne Verbindung mit dem Bronchus. In diesem Stadium keine Ansteckungsgefahr, da infektiöses Material nicht durch die Luftwege nach aussen befördert werden kann.

2.—Offene Tuberkulose der Lunge, Verbindung mit dem Luftwege. Drei Tuberkel im Lungengewebe, einer in der Bronchialwand, ein anderer ein Lungenbläschen ganz ausfüllend. Die letzteren beiden bedingen eine Ansteckungsmöglichkeit, da von ihnen tuberkelbazillenhaltiges Material ausgehustet werden kann.

3.—Miliar-Tuberkulose. Das ganze Lungengewebe mit hirsekorngrossen Tuberkeln durchsetzt. Schnell fortschreitende Form der Tuberkulose.

No. 3.—Graphische Darstellungen, betreffend die Gesamtsterblichkeit und die Tuberkulose-Sterblichkeit in Preussen.

1.—Gesamt-Sterblichkeit in Preussen 1875 bis 1906. Dauernder, ununterbrochener Rückgang von 263,3 von je 10,000 Lebenden im Jahre 1875 bis auf 180,4 von je 10,000 Lebenden im Jahre 1906.

2.—Tuberkulose-Sterblichkeit in Preussen 1875 bis 1906. Von je 10,000 Lebenden starben 31,90 im Jahre 1875 an Tuberkulose. Während sich diese Zahl die folgenden 10 Jahre hindurch annähernd auf gleicher Höhe hält—31,14 im Jahre 1886—macht sich von da ab infolge der an die 1882 erfolgte Entdeckung des Tuberkelbazillus sich anschliessenden Bekämpfungsmassregeln ein rapider Abfall der Sterblichkeit geltend, der seit dem Einsetzen der Heilstättenbewegung 1896 noch deutlicher wird. 1906 starben nur noch 17,26 von je 10,000 Lebenden an Tuberkulose.

3.—Tuberkulose- und Gesamt-Sterblichkeit in Preussen in den Altersklassen von 10 bis 60 Jahren nach dem Durchschnitt der Jahre 1891 bis 1901. Die Gesamtsterblichkeit von je 10,000 Lebenden nimmt mit dem Alter ständig zu, von 34,3 in den Altersklassen 10—15 Jahre bis auf 228,6 in den Altersklassen 50—60 Jahre. Ebenso nimmt auch die Tuberkulose-Sterblichkeit mit dem Alter dauernd zu. Während aber die Todesfälle an Tuberkulose in den Altersklassen 10—15 Jahre nur etwa $\frac{1}{5}$, in den Altersklassen 40 bis 50 Jahre nur etwa $\frac{1}{5}$ und in den Altersklassen 50 bis 60 Jahre wiederum nur etwa $\frac{1}{3}$ aller Todesfälle ausmachen, betragen sie in den Altersklassen 15—40 Jahre fast die Hälfte aller Todesfälle, und zwar nähern sie sich dieser Zahl am meisten in den Altersklassen 20 bis 30 Jahre. Also gerade im jugendlich-erwerbsfähigen Alter fordert die Krankheit im Verhältnis zur Gesamtsterblichkeit die meisten Opfer;—eine auch in anderen Bundesstaaten des Deutschen Reiches beobachtete Tatsache. Der immer schärfer werdende und von der Menschheit immer grössere Anstrengungen fordernde allgemeine wirtschaftliche Kampf spannt die Körper- und Geisteskräfte der einzelnen Er-

werbstätigen immer heftiger an, und dieser die tuberkulöse Infektion begünstigenden Erschöpfung der Kräfte erliegt das erwerbsfähige Alter gerade in jüngeren Jahren.

4.—Die Sterblichkeit an Tuberkulose in Preussen in den Jahren 1876—1906 nach Altersklassen und Geschlecht der Gestorbenen, berechnet auf je 10,000 Lebende. Während, wie auch Tabelle 3 zeigt, die Tuberkulose-Sterblichkeit an sich mit dem Alter zunimmt, so macht sich doch in dem 40jährigen Berichtszeitraum in allen Altersklassen ein ständiger Rückgang der Todesfälle an Tuberkulose bemerkbar, der seinerseits mit zunehmendem Lebensalter wächst. Während der Rückgang in den Altersklassen von 10—15 Jahren nur unbedeutend ist, ist er erheblicher im jugendlich-erwerbsfähigen Alter von 15—30 Jahren, besonders beim männlichen Geschlecht von 29,28 im Jahre 1876 bis auf 18,09 im Jahre 1906. In den Altersklassen von 30—60 Jahren sind die Todesfälle beim männlichen wie beim weiblichen Geschlecht auf die Hälfte reduziert, über 60 Jahre sogar auf ein Drittel.

No. 4.—12 anatomisch-pathologische Präparate von menschlicher und tierischer Tuberkulose. Sie stellen die verschiedensten Grade der chronischen Lungentuberkulose dar: Peribronchiale Tuberkel, Miliartuberkulose, käsige und ulceröse Tuberkulose, Kavernenbildung; ferner Perlsucht des Rindes mit Auflagerungen bis Haselnussgrösse auf dem Pleuraüberzug der Lunge.

No. 5.—12 Röntgenbilder von verschiedenen Stadien der Lungentuberkulose. Diapositive zur Betrachtung bei durchfallendem Licht in einem Gestell. Die Unterschriften unter den Bildern geben nähere Erläuterungen.

No. 6.—18 Photographien von Lupuskranken. Ebenfalls Diapositive in einem Transparent-Gestell. Sie zeigen teilweise die Lupusfälle vor und nach der Behandlung. Näheres ergeben die Unterschriften unter den Bildern.

No. 7.—2 Modelle der Brustorgane nach Prof. Benninghoven und Sommer. Sie sind zum Teil zerlegbar und lassen auf Querschnitten den Bau der Lungen und des Herzens erkennen.

No. 8.—3 Modelle von gesunden und kariösen Zähnen nach Prof. Benninghoven und Sommer. Sie sind zerlegbar und zeigen den Bau der Schneide- und Backzähne, sowie das Vordringen der kariösen Zerstörung.

No. 9.—3 Abbildungen, darstellend die sachgemässe Benutzung der Zahnbürste, wichtig für die Veranschaulichung der Mundpflege.

1.—Führung der Zahnbürste beim Putzen der Vorderzähne.

2.—Führung der Zahnbürste beim Putzen der äusseren Mahlzahnflächen.

3.—Richtige Art des Zahnputzens an den Innenflächen der Zähne.

No. 10.—4 verschiedene Modelle von Spuckflaschen für Tuberkulöse.

1.—Grösseres und kleineres Format der Dettweiler'schen Taschenflasche, von Gebrüder Noelle-Lüdenscheid. Der durch Federdruck zu öffnende, mit Gummidichtung versehene Deckel verschliesst einen ins Innere der Flasche führenden konischen

Trichter. Die aus blauem Glas gefertigte Flasche ist durch ein abschraubbares Verschlussstück an ihrem unteren Ende zu entleeren.

2.—Spuckflasche "Diskret" von C. Hülsmann, Freiburg i. B., mit ähnlicher Einrichtung, aber mit seitlicher Öffnung, aus vernickeltem Metall, flach, bequem in der Brusttasche zu tragen.

3.—Universal-Taschenspuckflasche von Berger und List, Hannover. Gläserne Flasche mit Gummideckel in Blechhülse, deren Deckel beim Verschluss den Gummideckel auf die Glasflasche presst.

No. 11.—4 verschiedene Spucknäpfe und Speibeckenständer.

1.—Kreuz-Spucknapf. Verschlossen mit Deckel, der durch Treten mit dem Fuss geöffnet wird. Im Gestell ein auswechselbarer Napf, der mit Flüssigkeit gefüllt und zur bequemen Entnahme mit Henkel versehen ist.

2.—Spucknapf Charybdis von der Gesellschaft Industria in Köln. Beim Treten wird der Napf aus einer mit Flüssigkeit gefüllten weiteren Schale gehoben. Die Auswurfsballen fliessen in diese durch die Schlitze des dachartig erhöhten Napfdeckels ab. Beim Senken des Napfes werden die Schlitze durch eine sich hebende, in der Flüssigkeit schwimmende Platte geschlossen, so dass der Auswurf unter dem Deckel festgehalten wird und unsichtbar bleibt.

3.—Spucknapf mit hohem hölzernem Handgriff zum Verschliessen des Deckels, vom Kranken bequem im Stehen zu handhaben.

4.—Gläsernes Speibecken mit abnehmbarem Deckel in hohem Ständer für liegende oder sitzende Kranke.

No. 12.—Photographie von Robert Koch, dem Entdecker des Tuberkelbazillus, Wirklichem Geheimen Rat, Exzellenz.

No. 13.—46 Photographien von Lungenheilanstalten, und zwar Heilstätten, Kinderheilstätten, Walderholungsstätten, Invalidenheimen, Kindererholungsheimen, Auskunfts- und Fürsorgestellen.

No. 14.—Abbildungen und Pläne von Wohnhäusern für tuberkulöse Arbeiter von der Firma Basse und Selve zu Altena in Westfalen.

Diese Firma hat sich neben der Errichtung anderer Tuberkulose-Anstalten die Erbauung von Wohnhäusern für tuberkulöse Arbeiter und deren lungenkranke Angehörige angelegen sein lassen. Diese alleinstehenden, am Walde und in möglichst sonniger Lage belegenen Häuser sind entweder einstöckig und dann für eine Familie bestimmt, oder zweistöckig und enthalten dann Wohnungen für 6 Familien. Jede Wohnung umfasst ausser 2—3 für die gesunden Familienmitglieder bestimmten Wohnräumen und grosser Küche ein von diesen Räumen ganz getrenntes, besonders geräumiges, heizbares und gut ventiliertes Zimmer mit daran anschliessender Liegehalle und besonderem Abort für den Lungenkranken. So ist das Prinzip möglichster Isolierung des Tuberkulösen durchgeführt, ohne dass dieser ganz getrennt von seiner Familie zu leben gezwungen ist.

1.—3 Abbildungen von Wohnhäusern für lungenkranke Arbeiter.

2.—3 Grundrisse von Wohnhäusern für lungenkranke Arbeiter.

3.—Abhandlung über Wohnungen für lungenkranke Arbeiter, in deutscher und englischer Sprache, je 200 Exemplare zur Verteilung.

No. 15.—Druckschriften des Zentral-Komitees, durchschnittlich je 30 Exemplare, zur Ansicht und Verteilung.

1.—Geschäftsberichte 1904—1908, letzterer in 250 Exemplaren.
2.—Verhandlungen in den Generalversammlungen 1904—1907.
3.—Verhandlungen in den Ausschusssitzungen 1905 bis 1907.
4.—Verhandlungen in den Versammlungen der Tuberkulose-Ärzte 1904—1907.
5.—Denkschrift von Prof. B. Fränkel, Berlin, 1905, über den Stand der Tuberkulose-Bekämpfung in Deutschland.
6.—Belehrung von Prof. C. Fränkel, Halle a. S., über das Wesen und die Bekämpfung der Tuberkulose.
7.—Vortrag von Prof. Neisser, Breslau, über die Bedeutung der Lupuskrankheit und die Notwendigkeit ihrer Bekämpfung.
8.—Plakat: "Deutsche Mütter, schützt eure Kinder vor der Tuberkulose."
9.—Belehrung von C. Röse, Dresden, über die Zahn- und Mundpflege.
10.—Festgabe: "Die Tuberkulose, ihre Ausbreitung und Bekämpfung im Deutschen Reiche," dargeboten vom Kaiserlichen Gesundheitsamt und vom Zentral-Komitee zur Bekämpfung der Tuberkulose. Vgl. No. 20 des Katalogs.

(B) Behörden.

(*a*) *Kaiserliches Gesundheitsamt Berlin.*

Das im April 1876 als eine Reichsbehörde errichtete Kaiserliche Gesundheitsamt hat auf dem Gebiete der Medizinal- und Veterinärpolizei den Reichskanzler in der Vorbereitung der Gesetzgebung und in der Ausübung des Aufsichtsrechts, insbesondere hinsichtlich der Ausführung der Gesetze, zu unterstützen. Ihm liegt ferner die Bearbeitung der Medizinal- und Veterinärstatistik Deutschlands ob, sowie die Nachprüfung und Ergänzung bedeutsamer wissenschaftlicher Forschungsergebnisse durch eigene experimentelle Arbeiten. Seine gutachtliche Tätigkeit wird nicht nur seitens des ihm unmittelbar übergeordneten Reichsamtes des Innern, sondern auch von den übrigen Reichsbehörden in Anspruch genommen. Innerhalb des Gesundheitsamts sind 4 unter je einem Direktor stehende Abteilungen gebildet, nämlich die hygienisch-chemische, die medizinische, die Veterinär- und die in einem besonderen Anstaltsgebäude untergebrachte bakteriologische Abteilung. Mit Ausnahme der medizinischen Abteilung, welcher die mehr als 60,000 Bände und 400 Zeitschriften umfassende Bibliothek angegliedert ist, verfügen die übrigen Abteilungen über zahlreiche Laboratorien, die bakteriologische Abteilung u. a. auch über ein solches für Protozoenforschung.

Mit dem Gesundheitsamte ist der Reichs-Gesundheitsrat verbunden, welcher gemäss §43 des Gesetzes, betr. die Bekämpfung gemeingefährlicher Krankheiten, vom 30. Juni 1900, das Gesundheitsamt bei der Erfüllung der ihm zugewiesenen Aufgaben zu unterstützen hat. Die zur Zeit 92 Mitglieder des Reichs-Gesundheitsrats, dessen Vorsitz der Präsident des Gesundheitsamts inne hat, werden vom Bundesrat auf je fünf Jahre gewählt; zu den Sitzungen treten in der Regel nicht sämtliche Mitglieder, sondern nur ein-

zelne Ausschüsse des Reichs Gesundheitsrats zusammen, deren zur Zeit 9 bestehen.

Die Bekämpfung der Tuberkulose ist nicht reichsgesetzlich geregelt, vielmehr liegt nach Massgabe der staatsrechtlichen Gliederung des Deutschen Reichs die Anordnung der gegen sie zu ergreifenden Massnahmen an erster Stelle den einzelnen Bundesregierungen ob. Nichtsdestoweniger hat das Kaiserliche Gesundheitsamt des öfteren Gelegenheit genommen, bei den auf die Unterdrückung dieser verheerenden Volkskrankheit hinzielenden Bestrebungen sich wirksam zu betätigen. So erfolgte u. a. im Jahre 1882 die Entdeckung des Tuberkelbazillus durch Robert Koch als damaligen Kaiserlichen Regierungsrat in den Laboratorien des Gesundheitsamts. Auf eine Anregung des Gesundheitsamts zurückzuführen ist ferner jene denkwürdige, unter dem Vorsitz des Reichskanzlers, Fürsten zu Hohenlohe-Schillingsfürst, am 21. November 1895 abgehaltene Beratung über die Durchführung einer planmässigen Bekämpfung der Tuberkulose, in welcher die Begründung des Deutschen Zentral-Komitees zur Bekämpfung der Tuberkulose in die Wege geleitet wurde. Zu Beginn des Jahres 1896 wurde eine im Gesundheitsamt bearbeitete Denkschrift, welche die gesundheitliche und soziale Bedeutung der Heilstättenfürsorge darlegte, den in Betracht kommenden Staats- und Verwaltungsbehörden sowie den Reichs- und Landtagsabgeordneten unterbreitet. Im gleichen Jahre wurden auf wissenschaftlicher Grundlage sich aufbauende statistische Erhebungen über die in den deutschen Lungenheilstätten erzielten Erfolge vom Gesundheitsamt eingeleitet. Hinsichtlich der Nachhaltigkeit der erzielten Erfolge sind diese zur Zeit noch nicht abgeschlossen, und werden zu dem Zwecke die zur Entlassung gekommenen Heilstättenpfleglinge fortlaufend in jährlichen Zwischenräumen ärztlichen Nachuntersuchungen unterzogen.

Des weiteren sind im Gesundheitsamte umfassende die Tuberkulose betreffende bakteriologische Untersuchungen ausgeführt worden; so wurde namentlich auch auf Anregung Robert Kochs eine Nachprüfung seiner auf dem Londoner Tuberkulosekongress im Jahre 1901 vertretenen Anschauungen über die Beziehungen der Tuberkulose des Menschen zu derjenigen des Rindes vorgenommen. Diese letzteren Untersuchungen, welche zur Zeit noch fortdauern, sind nach einem besonderen, vom Unterausschuss für Tuberkulose des Reichs-Gesundheitsrats aufgestellten Arbeitsplane durchgeführt worden. Ihre Ergebnisse, wie auch diejenigen der statistischen Erhebungen über die Heilstättenerfolge sind in den Tuberkulose-Arbeiten aus dem Kaiserlichen Gesundheitsamt, Heft 1 bis 9, niedergelegt worden.

Für eine weitgehende Volksaufklärung trug das Gesundheitsamt durch Ausgabe eines Tuberkulose-Merkblattes Sorge, welches bisher eine Verbreitung von mehr als zwei Millionen Exemplaren erlangt hat.

Insgesamt sind im Gesundheitsamt bisher die folgenden wissenschaftlichen Arbeiten über Tuberkulose angefertigt worden:

Koch, R. Die Ätiologie der Tuberkulose. Mitteilungen aus dem Kaiserlichen Gesundheitsamt. Band II, S. 1—88.

Würzburg, A. Über den Einfluss des Alters und des Geschlechts auf die Sterblichkeit an Lungenschwindsucht. Statistischer Beitrag zur Klarstellung der Entwicklungs- und Vorbereitungsbedingungen dieser Krankheit. Mitteilungen aus dem K. G. A. II, 89—125.

Gaffky. Ein Beitrag zum Verhalten der Tuberkelbazillen im Sputum. Mitteilungen aus dem K. G. A. II. 126—130.

Schill, E., und Fischer, B. Über die Desinfektion des Auswurfs der Phthisiker. Mitteilungen aus dem K. G. A. II, 131—146.

Buttersack. Zur Auffindung von einzelnen Tuberkelbazillen in Sputumpräparaten. Arbeiten aus dem K. G. A. IX, 121—122.

Rahts. Untersuchungen über die Häufigkeit der Sterbefälle an Lungenschwindsucht unter der Bevölkerung des Deutschen Reiches und einiger anderer Staaten Europas. Arb. aus dem K. G. A. XIV, 480—505.

Verbreitung der Lungenschwindsucht und der entzündlichen Erkrankungen der Atmungsorgane in europäischen Staaten. Gewidmet dem Kongress zur Bekämpfung der Tuberkulose als Volkskrankheit, Berlin 1899. 16 Taf. m. Text. Berlin 4°. 1899.

Engelmann. Die Erfolge der Freiluftbehandlung bei Lungenschwindsucht. Arb. aus dem K. G. A. XV, 302—320. XVIII, 142—163.

Musehold, P. Über die Widerstandsfähigkeit der mit dem Lungenauswurf herausbeförderten Tuberkelbazillen in Abwässern, im Flusswasser und im kultivierten Boden. Arb. aus dem K. G. A. XVII, 56—107.

Weber, A.—Über die tuberkelbazillenähnlichen Stäbchen und die Bazillen des Smegmas. Arb. aus dem K. G. A. XIX, 251—283.

Bofinger. Zur Desinfektion tuberkulösen Auswurfs. Arb. aus dem K. G. A. XX, 114—138.

Seige. Zur Übertragung der Tuberkelbazillen durch den väterlichen Samen auf die Frucht. Arb. aus dem K. G. A. XX, 139—147.

v. Dungern, E., und Schmidt, H. Über die Wirkung der Tuberkelbazillenstämme des Menschen und des Rindes auf anthropoide Affen. Arb. aus dem K. G. A. XXIII, 570—587.

Tuberkulose-Arbeiten aus dem Kaiserlichen Gesundheitsamt, 1. Heft, enthaltend:

Kossel, Weber und Heuss. Vergleichende Untersuchungen über Tuberkelbazillen verschiedener Herkunft.

Weber und Bofinger. Die Hühnertuberkulose.

Tub.-Arb. aus dem K. G. A., 2., 4., 5. und 8. Heft, enthaltend:

Hamel. Deutsche Heilstätten für Lungenkranke. Geschichtliche und statistische Mitteilungen.

Tub.-Arb. aus dem K. G. A., 3. Heft, enthaltend:

Kossel, Weber und Heuss. Vergleichende Untersuchungen über Tuberkelbazillen verschiedener Herkunft, II.

Weber und Taute. Die Kaltblütertuberkulose.

Beck. Zur Frage der säurefesten Bazillen.

Tub.-Arb. aus dem K. G. A., 6. Heft, enthaltend:

Weber. Vergleichende Untersuchungen über Tuberkelbazillen verschiedener Herkunft, III.

Weber und Taute. Weitere Untersuchungen über Tuberkelbazillen verschiedener Herkunft, mit besonderer Berücksichtigung der primären Darm- und Mesenterialdrüsentuberkulose.

Weber. Weitere Passagenversuche mit Bazillen des Typus humanus.

Oehlecker. Untersuchungen über chirurgische Tuberkulosen.

Titze. Fütterungsversuche mit Hühnertuberkulosebazillen an Schweinen und an einem Fohlen.

Tub.-Arb. aus dem K. G. A., 7. Heft, enthaltend:

Weber und Titze. Die Immunisierung der Rinder gegen Tuberkulose, I.

Oehlecker. Über die Verbreitungswege der Tuberkulose im Tierexperiment, mit besonderer Berücksichtigung des Weges nach den Bronchialdrüsen.

Weber und Baginsky. Untersuchungen über das Vorkommen von Tuberkelbazillen in Drüsen und Tonsillen von Kindern, welche sich bei der Obduktion als frei von Tuberkulose erwiesen hatten.

Tub.-Arb. aus dem K. G. A., 9. Heft, enthaltend:

Weber und Titze. Die Immunisierung der Rinder gegen die Tuberkulose, II.

Weber, Schütz, Titze, Holland. Versuche über die Haltbarkeit der behufs Immunisierung eingespritzten menschlichen Tuberkelbazillen.

Titze. Ausscheidung von Tuberkelbazillen mit der Kuhmilch nach intravenösen Injektionen von menschlichen Tuberkelbazillen.

Weber, Titze, Weidanz. Über Papageien- und Kanarienvogeltuberkulose.

Titze und Weidanz. Infektionsversuche an Hunden mit Tuberkelbazillen.

Dieterlen. Beitrag zur Frage der Infektionswege der Tuberkulose.

Dieterlen. Beitrag zur Frage der Schnelldiagnose der Tuberkulose.

No. 16.—Plastische Darstellungen über die Bedeutung der Lungentuberkulose.

1.—Figur 1, 2 und 3. Drei Säulen, darstellend das Anwachsen der Bevölkerung im Gebiete des jetzigen Deutschen Reiches von 1816 bis 1905.

Die Einwohnerzahl im Gebiete des jetzigen Deutschen Reiches belief sich im Jahre 1816 (Fig. 1) auf 24 833 000. Im Jahre 1855 (Fig. 2) betrug sie bereits 36 114 000 und im Jahre 1905 (Fig. 3) 60 641 000. Innerhalb eines Zeitraums von 89 Jahren hat sich somit die Zahl der Einwohner im Reichsgebiete über das Doppelte (um 244%) vermehrt.

2.—Figuren 4, 5 und 6. Drei Zylinder, welche den braunen Sockeln der dahinter befindlichen Säulen entsprechen und die Zunahme der grossstädtischen Bevölkerung im Gebiete des jetzigen Deutschen Reiches von 1816 bis 1905 veranschaulichen.

Während im Jahre 1816 (Fig. 4) im Reichsgebiete nur 2 Grossstädte, d. h. Städte mit 100 000 und mehr Einwohnern, vorhanden waren, nämlich Berlin und Hamburg, bestanden deren 6 im Jahre 1855 (Fig. 5) und 41 im Jahre 1905 (Fig. 6). In der gleichen Zeit stieg die Zahl ihrer Einwohner von 307 000 auf 1 095 000 und 11 509 000, oder von 1,2% der Gesamtbevölkerung im Jahre 1816 auf 3% im Jahre 1855 und 19% im Jahre 1905.

3.—Figuren 7 und 8. Zwei kreisförmige Scheiben, deren farbige Sektoren die Altersgliederung der lebenden Bevölkerung des Deutschen Reiches nach den Ergebnissen der Volkszählung vom 1. Dezember 1905 und die Altersverhältnisse der im Jahre 1905 Gestorbenen erkennen lassen.

Von je 1000 Lebenden (Fig. 7) entfielen auf die Altersklasse

unter 1 Jahr	28
von 1—15 Jahren	319
" 15—30 "	265
" 30—60 "	310
" 60—70 "	51
" 70 und mehr Jahren	27

Von je 1000 Gestorbenen (Fig. 8) entfielen auf die Altersklasse

unter 1 Jahr	342
von 1—15 Jahren	134
" 15—30 "	65
" 30—60 "	180
" 60—70 "	111
" 70 und mehr Jahren	168

4.—Figuren 9 bis 16. Acht Zylinder mit verstärktem Sockel, darstellend die Häufigkeit der Todesfälle an Lungentuberkulose (Höhe des roten Sockels der Säulen) im Vergleich zur Gesamtsterblichkeit (ganze Höhe der Säulen) in den Altersklassen von 0—15, 15—30, 30—60 und 60—70 Jahren, getrennt nach Geschlechtern. Berechnet für 1905—1906.

Man erkennt, wie bei den Männern (Fig. 9, 10, 11, 12) die Tuberkulosesterblichkeit bis zum 70. Jahre mit jeder Altersklasse zunimmt.

Es starben an Lungentuberkulose von je 10 000 lebenden männlichen Personen

im Alter von 0—15 Jahren	5
" " " 15—30 "	18
" " " 30—60 "	29
" " " 60—70 "	38

Bei den weiblichen Personen (Fig. 13, 14, 15, 16) ist der scharfe Anstieg der Tuberkulosesterblichkeit in der Altersklasse von 15—30 Jahren noch deutlicher ausgeprägt als bei den Männern; indessen erfährt hier in den beiden folgenden Altersklassen die Tuberkulosesterblichkeit keine wesentliche Änderung mehr.

Es starben von je 10 000 lebenden weiblichen Personen an Lungentuberkulose

Im Alter von 0—15 Jahren	7
" " " 15—30 "	22
" " " 30—60 "	21
" " " 60—70 "	23

Ganz anders, als die Tuberkulosesterblichkeit, verhält sich die allgemeine Sterblichkeit. Diese ist bei Männern und Frauen am geringsten in der Altersklasse von 15—30 Jahren, hingegen in der jüngsten Altersklasse von 0—15 Jahren nächst der Altersklasse von 60—70 Jahren am grössten. Hierbei hat der Umstand, dass in der Altersklasse von 15—30 Jahren die niedrigste allgemeine Sterblichkeit und eine verhältnismässig hohe Tuberkulosesterblichkeit zusammentreffen, zur Folge, dass von allen in dieser Altersklasse vorkommenden Todesfällen erheblich mehr als ein Drittel—nämlich 39,3% bei den Männern und 46,5% bei den Frauen—auf Lungentuberkulose beruhen.

5.—Figuren 17, 18 und 19. Drei sechseckige Prismen, darstellend die Häufigkeit der Todesfälle an Lungentuberkulose in Grossstädten (Orten mit 100 000 und mehr Einwohnern), Mittelstädten (Orten mit 40 000 bis 100 000 Einwohnern) und kleineren Gemeinden (Orten bis zu 40 000 Einwohnern) im Jahre 1905.

Der untere rote Abschnitt der Prismen zeigt an, wie viele unter je 1000 Todesfällen jedesmal durch Lungentuberkulose verursacht waren.

Von je 1000 Todesfällen beruhten auf Lungentuberkulose

in den Grossstädten (Fig. 17)	109
in den Mittelstädten (Fig. 18)	101
in den kleineren Gemeinden (Fig. 19)	86

Es bestehen somit zwischen den Grossstädten, Mittelstädten und den kleineren Gemeinden in dem Anteil der Tuberkulosetodesfälle an der Gesamtzahl aller Sterbefälle nur verhältnismässig geringe Unterschiede. Am günstigsten gestellt erscheinen dabei die kleineren Gemeinden.

6.—Figuren 20 bis 23. Vier vierseitige Prismen, darstellend die Bedeutung der Lungentuberkulose und der sonstigen Krankheiten der Atmungsorgane als Invaliditätsursache in der Landwirtschaft und Industrie.

In der Landwirtschaft waren in der Altersklasse von 20—50 Jahren von je 100 Invalidisierungen bei den Männern 20, bei den Frauen 12 durch Lungentuberkulose bedingt. Durch Lungentuberkulose und sonstige Erkrankungen der Atmungsorgane wurden bei den Männern 34%, bei den Frauen 22% der Invalidisierungen versucht.

In der Industrie dagegen waren in dieser Altersklasse von je 100 Invalidisierungen annähernd doppelt so viele, nämlich 36 bei den Männern und 32 bei den Frauen, auf Lungentuberkulose zurückzuführen. Durch Lungentuberkulose und sonstige Erkrankungen der Atmungsorgane waren hier bei den Männern 55%, bei den Frauen 42% der Invalidisierungen veranlasst.

7.—Figuren 24 bis 27. Vier Tafeln mit Säulen, darstellend die Bedeutung der Lungentuberkulose im Vergleich zu anderen wichtigen Todesursachen in den Altersklassen von 0—15, 15—30, 30—60, und 60—70 Jahren. Berechnet für 1905—1906.

Die roten Säulen bezeichnen jedesmal die Tuberkulosesterblichkeit, die blauen Säulen die Sterblichkeit an entzündlichen Erkrankungen der Atmungsorgane, während die durch Magendarmkatarrh, Diphtherie, Typhus, Neubildungen, Unglücksfälle und Altersschwäche bedingten Todesfälle durch die verschiedenen schwarzen Säulen kenntlich gemacht sind.

An Häufigkeit weiter an erster Stelle stehen die Tuberkulosetodesfälle in der Altersklasse von 15—30 und von 30—60 Jahren. Erst im höheren Alter von mehr als 60 Jahren werden sie an Zahl noch übertroffen von den durch entzündliche Erkrankungen der Atmungsorgane, durch Geschwulstbildungen und durch Altersschwäche verursachten Todesfällen, ausserdem in der Altersklasse unter 15 Jahren durch die Todesfälle an Magen- und Darmkatarrh. Der Diphtherie kommt die Tuberkulose im jugendlichen Alter an Gefährlichkeit ziemlich gleich, während der Typhus ihr gegenüber in allen Altersstufen kaum ins Gewicht fällt.

8.—Figuren 28 bis 39. Zwölf Zylinder, darstellend die Abnahme der Sterblichkeit an Lungentuberkulose im Deutschen Reiche von 1893 bis 1906 in den Altersklassen von 1—15 (vorderste Reihe), 15—60 (mittlere Reihe) und 60 und mehr Jahren (hinterste Reihe).

Die von links nach rechts abnehmende Höhe der Zylinder zeigt den Stand der Tuberkulosesterblichkeit in den Jahren 1893, 1897, 1901 und 1906

an. Man sieht, wie die Abnahme der Sterblichkeit an Lungentuberkulose am stärksten in der hiervon am meisten betroffenen Altersstufe von 60 und mehr Jahren zum Ausdruck kommt. Hier ging die Zahl der Todesfälle an Lungentuberkulose von 46 auf je 10 000 Lebende im Jahre 1893 auf 24 im Jahre 1906 zurück. Erheblich auch ist die Abnahme der Tuberkulosesterblichkeit in der Altersklasse von 15—60 Jahren, wo sie von 31 Todesfällen auf 22 herabging. Nur gering erscheint demgegenüber die Abnahme der Sterblichkeit an Lungentuberkulose in der Altersklasse von 1—15 Jahren, nämlich von 6,6 Todesfällen unter je 10 000 Lebenden auf 4,5. Doch sei nicht übersehen, dass die Tuberkulosesterblichkeit dieser Altersklasse, wie ja auch die geringe Höhe der vordersten Säulenreihe ohne weiteres zu erkennen gibt, an sich eine verhältnismässig niedrige ist.

No. 17.—Kartographische Darstellungen betreffend die Lungentuberkulose.

1.—Eine Wandkarte (Kurve), darstellend die Abnahme der Sterblichkeit an der Lungentuberkulose in den deutschen Orten mit 15 000 und mehr Einwohnern in den Jahren 1877—1904.

Die Kurve veranschaulicht die gleichmässig fortschreitende Abnahme der Lungentuberkulose in dem genannten Zeitraume. Es starben im Jahre 1877 in den deutschen Orten mit mindestens 15 000 Einwohnern von je 10 000 Lebenden 37 an Lungentuberkulose, im Jahre 1904 hingegen nur noch 19. Dies bedeutet, dass in Deutschland allein im Jahre 1904 im Vergleich zum Jahre 1877 rund 100 000 Personen weniger der Lungenschwindsucht zum Opfer fielen.

2.—Eine Wandkarte (Kurve), darstellend die Abnahme der allgemeinen Sterblichkeit in den deutschen Orten mit 15 000 und mehr Einwohnern in den Jahren 1877—1906.

Unter Berücksichtigung aller Todesursachen starben in den deutschen Orten mit mindestens 15 000 Einwohnern im Jahre 1877 von je 10 000 Lebenden jährlich insgesamt 270 Personen, im Jahre 1906 indes nur noch 175. Ein Vergleich dieser Kurve mit der vorbezeichneten Kurve (No. 1) zeigt, wie dieser erhebliche Rückgang der allgemeinen Sterblichkeit von der Abnahme der Tuberkulosesterblichkeit in dem betreffenden Zeitraume noch wesentlich übertroffen wird. Dementsprechend waren im Jahre 1877 13,8% aller Sterbefälle durch Lungentuberkulose bedingt, im Jahre 1904 dagegen nur noch 10,4%.

3 und 4.—Zwei Wandkarten, darstellend die Sterblichkeit an Lungentuberkulose im Deutschen Reiche in der Altersklasse von 15—60 Jahren, 1892—1893 und 1905—1906.

Als vergleichender Massstab für die Häufigkeit der Lungentuberkulose in den einzelnen Bezirken ist die Sterblichkeit an Lungentuberkulose in der Altersklasse von 15—60 Jahren gewählt, nicht allein, weil die Tuberkulose gerade in diesem kräftigsten Alter die schlimmsten Verheerungen anrichtet, sondern auch, weil hier ihre Diagnose am zuverlässigsten gestellt werden kann, wesentlich sicherer als bei Kindern und bei alten Leuten. Die Unterschiede in der Häufigkeit der Lungentuberkulose in den einzelnen Regierungsbezirken oder den diesen entsprechenden kleineren Staatsgebieten sind durch die verschiedenen Farbenabtönungen angezeigt. Die Karten lassen erkennen, wie der industrie- und städtereiche Westen erheblich mehr von der Tuberkulose heimgesucht ist, als der an Städten erheblich ärmere Osten des Reiches. Zugleich veranschaulicht ein Vergleich der beiden Karten, wie

fast allenthalben im Deutschen Reiche die Tuberkulose wesentlich zurückgegangen ist, vor allem dort, wo ihre Ausbreitung vordem am grössten war. Während in den Jahren 1892–1893 noch in 8 Bezirken jährlich mehr als 40 von je 10 000 im Alter von 15—60 Jahren stehenden Personen und in 11 Bezirken 35—40 der Lungentuberkulose erlagen, war in den Jahren 1905–1906 eine Tuberkulosesterblichkeit von mehr als 40 nur noch in einem Bezirke vorhanden, während sie in allen übrigen Bezirken unter 35 betrug.

5.—Eine Wandkarte, darstellend die allgemeine Sterblichkeit im Deutschen Reiche in der Altersklasse von 15—60 Jahren, 1905—1906.

Die Karte zeigt, wie auch die allgemeine Sterblichkeit der Altersklasse von 15—60 Jahren in dem industriell sehr entwickelten und städtebesäten Westen grösser ist als in dem im Vergleich hierzu städtearmen Osten.

6.—Eine Wandkarte (Kurve), darstellend den Gang der Sterblichkeit an Lungentuberkulose in England, Schottland und Irland in den Jahren 1864 bis 1905.

Aus dieser Karte ersieht man, wie die Tuberkulosesterblichkeit zwar in England und Schottland gleichfalls in fortschreitender Abnahme begriffen ist, in Irland dagegen zur Zeit noch um ein weniges zunimmt.

No. 18.—Kulturen von Tuberkelbazillen verschiedener Herkunft und von Tuberkelbazillen ähnlichen säurefesten Stäbchen.

1.—Menschen-Tuberkelbazillen (typus humanus).
2.—Perlsucht-Bazillen (typus bovinus).
3.—Hühner-Tuberkelbazillen.
4.—Kaltblüter-Tuberkelbazillen.
5.—Reinkulturen von Tuberkelbazillen unmittelbar aus dem Ausgangs-Material (Sputum, tuberkulösen Organen u. s. w., gezüchtet). (Antiformin-Methode nach Uhlenhuth-Xylander-Kersten.)
6.—Timothee-Bazillen, Möller.
7.—Butterbazillen, Rabinowitsch.

No. 19.—Tuberkulosearbeiten aus dem Kaiserlichen Gesundheitsamte, Hefte 1 bis 9. Erschienen im Verlage von Julius Springer in Berlin.

Heft 1, 3, 6, 7, und 9 enthält bakteriologische Arbeiten über die Tuberkulose, Heft 2, 4, 5, und 8 statistische Untersuchungen über die Erfolge der Heilstättenbehandlung.

No. 20.—Festgabe: "Die Tuberkulose, ihre Ausbreitung und Bekämpfung im Deutschen Reiche," dargeboten vom Kaiserlichen Gesundheitsamt und vom Zentral-Komitee zur Bekämpfung der Tuberkulose, bestehend aus mehreren Tafeln und Karten und dem vom Gesundheitsamt herausgegebenen Tuberkulose-Merkblatt. 5000 Exemplare. Vergl. No. 15, 10 des Katalogs.

(*b*) *Reichs-Versicherungsamt, Berlin.*

BERLIN.

Invalidenversicherung und Lungentuberkulose.

Die Invalidenversicherung des deutschen Reiches ist ein Teil der reichsgesetzlichen Arbeiterversicherung, welche sich zum Ziele setzt, die Ar-

beiterschaft gegen die unvermeidlichen Gefahren und Schäden ihres Berufslebens in ihrer wirtschaftlichen Existenz zu sichern. Die Arbeiterversicherung (Kranken-, Unfall- und Invalidenversicherung) beruht auf Gegenseitigkeit und Selbstverwaltung, umfasst kraft des Gesetzes ohne Unterschied der Nationalität Personen, welche in Deutschland ihre Arbeitskraft gegen Lohn verwerten, und gewährt bei Krankheit, Unfall, Invalidität oder Alter—im Gegensatze zur Armenpflege—jedem Versicherten einen Rechtsanspruch auf gesetzlich bestimmte Leistungen bei kostenfreiem Verfahren.

Die Invalidenversicherung im besonderen (seit 1891 bis 1906 14,1 Millionen Versicherte) umfasst die Arbeiterschaft sämtlicher Berufszweige. Sie bezweckt die Gewährung von Invaliden- (Kranken-) und Altersrenten und übernimmt die Krankenfürsorge in Krankheitsfällen, welche Erwerbsunfähigkeit befürchten lassen.

Die Hälfte der für die Versicherten gezahlten Beiträge wird zurückerstattet: im Todesfalle, wenn noch keine Rente gezahlt war, an die Witwe oder Kinder unter 15 Jahren; im Falle der Erwerbsunfähigkeit infolge eines von der Unfallversicherung entschädigten Unfalls und bei der Verheiratung weiblicher Versicherter.

Von jeder Rente zahlt das Reich jährlich 50 M., der Rest wird aus den Beiträgen bestritten.

Die Arbeiter zahlen nach ihrem Lohne Beitrage von 7 bis 18 Pf. wöchentlich. Die Arbeitgeber zahlen gleich hohe Beiträge.

Die Invaliden-(Kranken-)Rente richtet sich nach Zahl und Höhe der Beiträge, sie schwankt bei einem Wochenbeitrage von 7 Pf. zwischen 116 und 200 M. und bei einem Wochenbeitrage von 18 Pf. zwischen 150 und 500 M. jährlich.

Siebzigjährige, aber noch erwerbsfähige Arbeiter erhalten Altersrenten von 110 bis 230 M. jährlich und vom Eintritte der Erwerbsunfähigkeit an die höheren Invalidenrenten.

Das Heilverfahren ist entweder ein vorbeugendes, um den Eintritt der Erwerbsunfähigkeit im gesetzlichen Sinne zu verhüten, oder ein nachträgliches, um Rentenempfängern die Erwerbsfähigkeit zurückzugeben. Die Versicherungsträger sind zur Übernahme eines Heilverfahrens nur befugt, nicht verpflichtet. Sie machen aber von dieser Befugnis im weitesten Umfange Gebrauch und erzielen damit im allgemeinen sehr befriedigende Ergebnisse. Durch diese weitschauende, vom Reichs-Versicherungsamt stets eifrig geförderte Stellungnahme der Versicherungsträger sind ihre—übrigens auch für die eigene Finanzlage nutzbringenden—Heilbestrebungen von grösster Bedeutung für die Volkswohlfahrt in Deutschland geworden. Unentbehrlich sind sie namentlich bei der Bekämpfung der Tuberkulose. Der seit Jahren bemerkbare beträchtliche Rückgang der Tuberkulosesterblichkeit in Deutschland wird wesentlich darauf zurückgeführt. Mannigfaltig ist die Art der zu Heilzwecken gewährten Leistungen. Die Behandlung erfolgt entweder in der Häuslichkeit des Erkrankten oder in Krankenhäusern, Heilanstalten verschiedener Gattungen, Genesungsheimen und Rekonvaleszentenanstalten oder auch in Bädern und anderen Kurorten. Hiermit verbunden oder für sich allein werden ferner Arzneien und Stärkungsmittel, kleinere Heilmittel (Brillen, Bruchbänder, Gebisse, Krampfaderbinden, Plattfussstiefel, Stützkorsetts und dergl. mehr), sowie künstliche Gliedmassen und ähnliche Vorrichtungen geliefert. Häufig werden ferner—

mit Zustimmung der Versicherten—Operationen auf Kosten der Versicherungsträger ausgeführt. Auch die Zahnpflege lassen sich die letzteren vielfach angelegen sein.

An eigenen Heilanstalten, Krankenhäusern und Genesungsheimen (einschliesslich zwei im Bau befindlichen) besitzen die 31 Versicherungsanstalten und 10 zugelassenen Kasseneinrichtungen zur Zeit (1908) 56, von denen die meisten der Tuberkulosebekämpfung dienen. Hierzu kommt die Unterhaltung von Walderholungsstätten sowie von Auskunfts- und Fürsorgestellen für Lungenkranke. Soweit die Versicherungsträger nicht selbst derartige Einrichtungen besitzen, tragen sie vielfach durch Darleihung grösserer Mittel zu solchen bei. Dahin gehören in erster Reihe die Beleihungen von Heilstätten, Krankenhäusern u. s. w., weiter aber auch die Gewährung einzelner oder jährlicher Beiträge an mannigfache Wohlfahrtsvereine (z. B. Vereine für Walderholungsstätten, für Ausbildung von Krankenpflegern und -pflegerinnen, zur Bekämpfung der Tuberkulose, der Geschlechtskrankheiten, des Alkoholmissbrauchs, der Volkskrankheiten überhaupt, der Säuglingssterblichkeit u. s. w.).

Die Anlegung der aus den Beitragseingängen herrührenden Vermögensbestände wird von den Versicherungsträgern—mit Zustimmung und zum Teil auf Anregung des Reichs-Versicherungsamts—in weitem Umfange zur Förderung gemeinnütziger Zwecke benutzt. Die erste Stelle nimmt in dieser Beziehung die Fürsorge für die Beschaffung gesunder und preiswerter Arbeiterwohnungen ein. Ferner werden Gelder hergegeben zur Befriedigung des landwirtschaftlichen Kreditbedürfnisses (auf Hypotheken, für Kleinbahnen, Land- und Wegeverbesserungen, Hebung der Viehzucht, Linderung der Futternot u. s. w.), ferner für den Bau von Kranken- und Genesungshäusern, für Volksheilstätten, für Gemeindepflegestationen, Herbergen zur Heimat, Arbeiterkolonien, Volksbäder, Blindenheime, Kleinkinderschulen, Schlachthäuser, Wasserleitungs-, Kanalisations- u. s. w. Anlagen, für Spar- und Konsumvereine und andere ähnliche Wohlfahrtseinrichtungen. Die gesamten derartigen Aufwendungen betrugen bis zum Schlusse des Jahres 1907 rund 624,8 Millionen Mark (nach Abzug der an die Versicherungsträger zurückgelangten etwa 68,8 Millionen Mark rund 556 Millionen Mark). Hiervon entfallen nahezu 46,6 Millionen Mark auf die eigenen Veranstaltungen (Lungenheilstätten, Krankenhäuser u. s. w.) der Versicherungsträger und mehr als 195,8 Millionen Mark auf die Wohnungsfürsorge.

Die ausgestellten statistischen Tafeln schildern den Kampf der Invalidenversicherung gegen die Lungentuberkulose und betreffen im einzelnen die Häufigkeit dieser Volksseuche unter den Invaliditätsursachen nach Geschlecht, Alter und Beruf; die aufgewendeten Heilbehandlungskosten für Lungentuberkulose und andere Krankheiten, berechnet auf eine behandelte Person; Kostenaufwand und Dauer der ständigen Heilbehandlung der Invalidenversicherungsanstalten für eine behandelte Person (Männer und Frauen) bei Lungentuberkulose und anderen Krankheiten; die Erfolge der Heilbehandlung von Lungentuberkulose und anderen Krankheiten, sowie die Vermögensanlagen insgesamt für Heilanstalten, Genesungs- und Erholungsheime und sonstige hygienische Einrichtungen und für gesunde Arbeiterwohnungen. Die beigegebenen Druckschriften erläutern diese

statistischen Tafeln und geben gleichzeitig das neueste statistische Material, welches auf dem einschlägigen Gebiet vorliegt.

No. 21.—10 statistisch-graphische Tafeln, darstellend die Invalidenversicherung 1891—1906, bearbeitet im Reichs-Versicherungsamt.

1.—Organisation, Einnahmen, Ausgaben, Vermögen.

Organisation 1906:	
Versicherungsanstalten	31
Besondere Kasseneinrichtungen	9
Versicherte	
Überhaupt	14 142 700
Männer	9 361 500
Frauen	4 781 200

Das sind Prozent der Gesamtbevölkerung desselben Geschlechts	Lohnarbeiter desselben Geschlechts
23,1	91,3
31,1	85,9
15,4	106,6

Einnahmen:

	1891—1906 M.	1906 M.
Überhaupt	2 794 939 476	263 340 791
Beiträge der		
Arbeitgeber	995 397 883	85 063 085
Versicherten	995 397 883	85 063 085
Reichszuschuss	435 583 822	48 757 608
Zinsen u. s. w	368 559 888	44 457 013

Ausgaben:

Überhaupt	1 476 413 845	182 355 360
Krankenfürsorge	81 854 673	14 222 426
Andere Entschädigungen	1 246 354 397	151 816 721
Gesamtverwaltung	148 204 775	16 316 213

2.—Erläuterung und Beispiele.

Die Invalidenversicherung umfasst die Arbeiterschaft sämtlicher Berufszweige. Sie bezweckt die Gewährung von Invaliden- (Kranken-) und Altersrenten und übernimmt die Krankenfürsorge in Krankheitsfällen, welche Erwerbsunfähigkeit befürchten lassen.

Die Hälfte der für die Versicherten gezahlten Beiträge wird zurückerstattet: im Todesfalle, wenn noch keine Rente gezahlt war, an die Witwe oder Kinder unter 15 Jahren; im Falle der Erwerbsunfähigkeit infolge eines von der Unfallversicherung entschädigten Unfalls und bei der Verheiratung weiblicher Versicherter.

Von jeder Rente zahlt das Reich jährlich 50 M., der Rest wird von den Beiträgen bestritten.

Die Arbeiter zahlen nach ihrem Lohne Beiträge von 7 bis 18 Pf. wöchentlich. Die Arbeitgeber zahlen gleich hohe Beiträge.

3, 4.—Häufigkeit der Lungentuberkulose unter den Invaliditätsursachen nach Geschlecht, Alter und Beruf der Invalidenrentenempfänger 1896 bis 1899.

Alter	Tuberkulöse auf 1000 Invaliditätsfälle					
	Männer			Frauen		
	Landwirtschaft	Industrie	Sonstige Berufe	Landwirtschaft	Industrie	Sonstige Berufe
20—24.....	371	624	568	284	597	355
25—29.....	330	576	507	231	472	289
30—34.....	277	505	414	161	373	206
35—39.....	210	430	348	144	285	145
40—44.....	185	352	281	86	203	114
45—49.....	132	272	215	78	140	81
50—54.....	96	162	135	46	82	48
55—59.....	55	100	84	36	59	33
60—64.....	32	54	44	17	28	19
65—69.....	18	27	24	10	14	11

5.—Heilbehandlungskosten der Invaliden-Versicherungsanstalten insgesamt, für Lungentuberkulose und andere Krankheiten.

	Heilbehandlungskosten für	
	Lungentuberkulose M.	andere Krankheiten M.
1897.....	1 027 096	984 052
1898.....	1 548 564	1 220 966
1899.....	2 405 037	1 651 938
1900.....	3 766 762	2 443 959
1901.....	5 038 751	2 873 468
1902.....	5 861 166	3 195 074
1903.....	7 410 667	4 090 538
1904.....	8 475 040	4 260 040
1905.....	9 685 857	4 762 148
1906.....	11 491 547	5 168 898

6.—Kostenaufwand und Dauer der ständigen Heilbehandlung der Invaliden-Versicherungsanstalten für 1 behandelte Person (Männer, Frauen) bei Lungentuberkulose und anderen Krankheiten, 1897—1906.

1906		Für 1 behandelte Person M.	Für 1 Verpflegungstag M.	Behandlungsdauer Tage
Lungentuberkulose	Männer.....	389 01	5 39	72
	Frauen.....	324 47	4 04	80
Andere Krankheiten	Männer.....	213 33	4 86	44
	Frauen.....	167 79	3 64	46

7, 8.—Erfolge der Heilbehandlung von Lungentuberkulose bei Männern und Frauen, 1897—1906.

Lungentuberkulose		1897	1898	1899	1900	1901	1902	1903	1904	1905	1906
Es wurden behandelt	Männer	2598	3806	6032	8442	10812	12187	14937	16957	19085	21959
	Frauen	736	1104	1666	2652	3844	4302	5211	6520	7536	9063

MÄNNER

Von 100 Behandelten erlangten—behielten Erwerbsfähigkeit		1897	1898	1899	1900	1901	1902	1903	1904	1905	1906
Am Ende des Behandlungsjahres...		61	67	67	66	70	72	73	73	76	78
" " " 1.	Jahres nach der Behandlung	42	44	48	48	53	57	59	61	64	—
" " " 2.		29	37	39	40	45	48	51	53	—	—
" " " 3.		28	31	33	35	38	44	46	—	—	—
" " " 4.		25	28	30	30	32	40	—	—	—	—

FRAUEN

Von 100 Behandelten erlangten—behielten Erwerbsfähigkeit		1897	1898	1899	1900	1901	1902	1903	1904	1905	1906
Am Ende des Behandlungsjahres...		64	69	67	67	72	76	77	76	79	82
" " " 1.	Jahres nach der Behandlung	50	49	51	52	60	62	64	66	68	—
" " " 2.		35	43	43	46	51	54	57	59	—	—
" " " 3.		36	39	40	40	45	50	53	—	—	—
" " " 4.		32	38	37	35	39	47	—	—	—	—

9, 10.—Vermögensanlagen insgesamt für Heilanstalten, Genesungs- und Erholungsstätten und sonstige hygienische Einrichtungen, sowie für gesunde Arbeiterwohnungen.

Bis zum Jahre 1906:

Heilanstalten, Erholungs- und Genesungsheime u. s. w.	286 582 411 M.
Arbeiterwohnungen.....	172 627 651 M.

No. 22.—Druckschriften des Reichs-Versicherungsamts.

1.—Geschäftsberichte des Reichs-Versicherungsamts für die Jahre 1905 bis 1907, 1 Band.

2.—Rechnungsergebnisse der Unfall-Berufsgenossenschaften, sowie der zur Durchführung der Invalidenversicherung errichteten Versicherungsanstalten für die Jahre 1901 bis 1906, 3 Bände.

3.—Statistik der Ursachen der Erwerbsunfähigkeit (Invalidität) für die Jahre 1891 bis 1899. Beihefte zu den amtlichen Nachrichten des Reichs-Versicherungsamts 1898 und 1903, 1 Band.

4.—Statistik der Heilbehandlung bei den Versicherungsanstalten und zugelassenen Kasseneinrichtungen der Invalidenversicherung für die Jahre 1897 bis 1906. Beihefte zu den amtlichen Nachrichten des Reichs-Versicherungsamts 1902 bis 1907, 1 Band.

5.—Statistik der Arbeiterversicherung des Deutschen Reichs für die Jahre 1885 bis 1904. Im Auftrage des Reichs-Versicherungsamts bearbeitet von Dr. jur. G. A. Klein, Berlin 1906, 1 Band.

6.—Leitfaden zur Arbeiterversicherung des Deutschen Reichs. Im Auftrage des Reichs-Versicherungsamts bearbeitet von Dr. Zacher, fortgesetzt unter Mitwirkung von Professor Dr. Lass und Dr. jur. G. A. Klein. Ausgabe 1904 (englisch), 1 Band.

7.—Siefart: Der Begriff der Erwerbsunfähigkeit afu dem Gebiete des Versicherungswesens. Im Auftrage des Reichs-Versicherungsamts bearbeitet, Berlin 1906, 1 Band.

8.—Monatsblätter für Arbeiterversicherung. Herausgegeben von Mitgliedern des Reichs-Versicherungsamts. 1. Jahrgang. Berlin 1907, 1 Band.

9.—Die Heilstätten, Krankenhäuser und Genesungsheime der Versicherungsanstalten und Kasseneinrichtungen der Invalidenversicherung, von H. Siefart, Jena 1907, 1 Band.

(*c*) *Landes-Versicherungsanstalt, Berlin.*

No. 23.—Modell von den Arbeiterheilstätten der Landes-Versicherungsanstalt Berlin zu Beelitz, im Massstab 1 : 250.

Die Gesamtgrösse des Heilstättengeländes beträgt 140 Hektar und umfasst die Heilstätte für lungenkranke Männer und Frauen mit zusammen 846 Betten und das Sanatorium für chronisch-kranke Männer und Frauen (Krankheiten des Magens, des Darmes, der Nerven, Gicht, Rheumatismus u. s. w.) mit zur Zeit zusammen 327 Betten. Eine Erweiterung des Sanatoriums um etwa 327 Betten ist in Aussicht genommen.

Die Eröffnung der Heilstätten Beelitz mit zusammen 606 Betten erfolgte im Jahre 1902. Die Erweiterung der Heilstätte für Lungenkranke um 567 Betten erfolgte in den Jahren 1905 bis 1907.

No. 24.—Druckschrift: "Die Heilstätten zu Beelitz und sonstige Einrichtungen der Landes-Versicherungsanstalt Berlin im Kampfe gegen die Tuberkulose," in deutscher Sprache, 1000 Exemplare zur Verteilung.

(*d*) *Landes-Versicherungsanstalt Brandenburg zu Berlin.*

No. 25.—Pläne und Zeichnungen der Heilstätte Kottbus bei Kolkwitz.

Drei Wandpläne stellen dar:

1.—Grundriss des Erdgeschosses des Hauptgebäudes.
2.—Südansicht des Hauptgebäudes.
3.—Lageplan der Gesamtanlage.

Ferner sind folgende 12 Pläne und Zeichnungen in ein Album vereinigt:

1.—Grundriss des Erdgeschosses.
2.—Grundriss des I. und II. Obergeschosses.
3.—Grundriss des Dachgeschosses.
4.—Grundriss des Kellers.
5.—Schnitt durch das Hauptgebäude.
6.—Betriebsgebäude.
7.—Stallgebäude.
8.—Wohnhaus für den leitenden Arzt.

9.—Wohnhaus für die Beamten.
10.—Lagepläne.
11.—Innenansicht der Kapelle und des Vorraumes derselben.
12.—Innenansicht des Speisesaales und Aussenansicht des Hauptgebäudes von der Südseite.

(*e*) *Landes-Versicherungsanstalt des Grossherzogtums Hessen zu Darmstadt.*

No. 26.—Statistisch-graphische Tafeln, darstellend die Gesamtsterblichkeit und die Tuberkulose-Sterblichkeit im Grossherzogtum Hessen, sowie die Erfolge der Tuberkulose-Heilbehandlung.
1.—Die Sterblichkeit an Lungentuberkulose und an anderen Krankheiten der Atmungsorgane in der Provinz Starkenburg, nach Kreisen geordnet.
2.—Desgl. in der Provinz Oberhessen.
3.—Desgl. in der Provinz Rheinhessen.
4.—Gang der Sterblichkeit an Lungentuberkulose im Grossherzogtum Hessen in den Jahren 1877—1904.
5.—Sterblichkeit an Lungentuberkulose im Grossherzogtum Hessen in den Jahren 1902—1904.
6.—Gang der Sterblichkeit an entzündlichen Krankheiten der Atmungsorgane im Grossherzogtum Hessen 1877—1904.
7.—Sterblichkeit an entzündlichen Krankheiten der Atmungorgane im Grossherzogtum Hessen 1902—1904.
8.—Gang der Gesamtsterblichkeit im Grossherzogtum Hessen 1877—1904.
9.—Gesamtsterblichkeit im Grossherzogtum Hessen 1902 bis 1904.
10.—Die Erfolge der Heilbehandlung an Tuberkulose im Grossherzogtum Hessen seit 1900.

No. 27.—Abbildungen von Volksheilstätten aus dem Grossherzogtum Hessen.
1.—2 Ansichten der Ernst Ludwig-Heilstätte für Männer bei Höchst-Neustadt
2.—2 Ansichten der Eleonoren-Heilstätte für Frauen und Kinder bei Reichelsheim im Odenwald.

(*f*) *Landes-Versicherungsanstalt Elsass-Lothringen zu Strassburg i. E.*

No. 28.—Abbildungen von Volksheilstätten aus den Reichslanden.
1.—2 Ansichten der Heilstätte Leopoldinenheim für Frauen bei Altweier im Ober-Elsass.
2.—1 Ansicht der Heilstätte Tannenberg bei Saales für Männer.

(*g*) *Pensionskasse für die Arbeiter der Preussisch-Hessischen Staatseisenbahn-Gemeinschaft zu Berlin.*

No. 29.—Eine Tafel, darstellend die Tuberkulose-Fürsorge für die Arbeiter der Preussisch-Hessischen Staatseisenbahn-Verwaltung.

Die den Landes-Versicherungsanstalten gleichgestellte Pensionskasse für diese Arbeiter hat seit April 1904 zwei eigene Tuberkulose-Heilstätten in Betrieb: die Heilstätte Stadtwald bei Melsungen im Regierungsbezirk Cassel mit 120 und die Heilstätte Moltkefels bei Nieder-Schreiberhau im Riesen-

gebirge mit 100 Betten. Die Tafel stellt dar die Zahl der Tuberkulösen, die Heilerfolge und die Kosten des hygienisch-diätetischen Heilverfahrens in den Heilstätten, sowie die Erwerbsfähigkeit der Behandelten in den auf die Kur folgenden Jahren.

(*h*) *Magistrat der Haupt- und Residenzstadt Berlin.*

No. 30.—Abbildungen der Berliner städtischen Heimstätte für brustkranke Männer in Buch bei Berlin.

1.—Gesamt-Lageplan.
2.—Grosse Halle im Hauptgebäude.
3.—Liegehalle und Korridor des Hauptgebäudes.
4.—Eingangstür zum Hauptgebäude.
5.—Vorderansicht der Liegehalle mit Terrassen am Hauptgebäude.
6.—Innenhof des Hauptgebäudes mit Rückansicht der Liegehalle.
7.—Gesamtansicht des Hauptgebäudes.
8.—Vorderansicht der Liegehalle mit Seitenrisalit am Hauptgebäude.
9.—Beamtenwohnhaus.
10.—Galerie mit Tür aus der Grossen Halle im Hauptgebäude.
11.—Pförtnerhaus.
12.—Grosse Halle mit Galerie im Hauptgebäude.
13.—Aus dem Aufenthaltsraum und dem Speisesaal des Hauptgebäudes.

(C) Vereine.

(*a*) *Volksheilstätten-Verein vom Roten Kreuz zu Berlin.*

Dieser in 13 Abteilungen gegliederte Verein bildet die Spezial-Organisation des Deutschen Roten Kreuzes zum Zwecke der Tuberkulose-Bekämpfung. Vorsitzender ist der Vize-Oberzeremonienmeister und Kammerherr ihrer Majestät der Kaiserin, Exzellenz B. von dem Knesebeck. Die Geschäfte führt Professor Dr. Pannwitz.

No. 31.—Darstellung der systematischen Vereinstätigkeit bei der Tuberkulose-Bekämpfung.

No. 32.—Abbildungen von Tuberkulose-Anstalten des Deutschen Roten Kreuzes.

1.—Heilstätten für Männer.
2.—Heilstätten für Frauen.
3.—Erholungsstätten für Männer, für Frauen und für Kinder.
4.—Kinderheilstätten in Hohenlychen.
5.—Ländliche Kolonie mit Gärtner- und Haushaltungsschule in Hohenlychen.
6.—Helferinnenschule in Hohenlychen.
7.—Seeheim bei Swinemünde an der Ostsee.

No. 33.—Denkschrift: "Das Deutsche Rote Kreuz und die Tuberkulose," mit Illustrationen, 1 Band in deutscher, englischer und französischer Sprache, 2000 Exemplare zur Verteilung.

(*b*) *Brandenburgischer Provinzialverein zur Bekämpfung der Tuberkulose zu Berlin.*

Der Verein hat zum Vorsitzenden den Landesdirektor der Provinz

Brandenburg, Exzellenz Freiherrn von Mantauffel. Schriftführer ist Direktor Meyer von der Landes-Versicherungsanstalt Brandenburg.

No. 34.—Abbildungen des Pflegeheims Burg Daber bei Wittstock, in einer Mappe. Drucksachen über das Pflegeheim zur Verteilung.

Das Pflegeheim wurde 1908 eröffnet und ist für 65 tuberkulöse Männer und Frauen im vorgeschrittenen Stadium bestimmt.

(*c*) *Zentral-Komitee der Auskunfts- und Fürsorgestellen für Lungenkranke für Berlin und Vororte.*

Der Vorsitzende des Vereins ist der Geheime Regierungsrat Pütter, Verwaltungsdirektor der Königlichen Charité zu Berlin; Schriftführer ist Prof. Dr. A. Kayserling, Berlin.

No. 35.—Einige Abbildungen und Tafeln.

1.—3 Abbildungen von dem Betriebe einer Berliner Auskunfts- und Fürsorgestelle.
2.—1 Tafel mit 6 Abbildungen des Kinder-Erholungsheimes Gross-Lichterfelde bei Berlin.
3.—1 Tafel mit der Beschreibung der Tätigkeit der Berliner Auskunfts- und Fürsorgestellen in englischer Sprache.

No. 36.—Drucksachen.

1.—Beschreibung der Tätigkeit der Auskunfts- und Fürsorgestellen für Lungenkranke in Berlin, in deutscher und englischer Sprache, 1000 Exemplare zur Verteilung.
2.—Erster Bericht des Kindererholungsheims Gross-Lichterfelde, in deutscher Sprache, 100 Exemplare zur Verteilung.

(D) Private-Heilanstalten für Lungenkranke.

(*a*) *Sanatorium für Lungenkranke zu St. Blasien im Grossherzogtum Baden.*

No. 37.—Ansichten des im Schwarzwald gelegenen, vom Chefarzt Dr. Sander geleiteten Sanatorium. Es ist eine der ältesten Tuberkulose-Heilanstalten in Deutschland, eröffnet im Jahre 1881, eingerichtet für 110 Kranke beiderlei Geschlechts.

1.—Gesamtansicht des Sanatoriums.
2.—4 Grundrisse des Sanatoriums.
3.—8 Photographien, darstellend das Sanatorium im Winter, die Waldliegehalle im Winter, Gartenanlagen und Frühstücksterrasse, Liegehalle im Walde, Musikzimmer, Lesezimmer, Speisesaal, Liegeterrasse.

(*b*) *Heilanstalt für Lungenkranke zu Reiboldsgrun i. V. im Königreich Sachsen.*

No. 38.—Ansicht der unter ärztlicher Leitung des Hofrats Dr. Wolff und des Dr. Sobotta stehenden Anstalt, 1000 Exemplare zur Verteilung. Die Anstalt ist 1873 gegründet und hat 140 Betten für Männer und Frauen.

(*c*) *Sanatorium für Lungenkranke zu Schomberg im Königreich Württemberg.*

No. 39.—Ansichten des von Marine-Stabsarzt a. D. Dr. Koch geleiteten

Sanatoriums. Es wurde 1888 eröffnet und hat 111 Betten für Männer und Frauen.

1.—Abbildung des Sanatoriums.

2.—Grundriss eines Krankenzimmers.

(*d*) *Neue Heilanstalt für Lungenkranke zu Schomberg im Königreich Württemberg.*

No. 40.—Ansichten der von Dr. Schröder geleiteten Anstalt, die 1899 gegründet wurde und über 90 Betten für bemittelte männliche Kranke der besseren Stände verfügt.

1.—Gesamtansicht der Anstalt.

2.—2 Tafeln mit Teilansichten der Einrichtungen der Anstalt: Krankenzimmer, Vestibül, Liegehallen für Sommer und Winter, Inneres der Hauptküche, des Elektrizitätwerks u. s. w.

No. 41.—Drucksachen der Heilanstalt: Prospekte, Lagepläne, Jahresberichte, ausführliche Krankenjournale, Haus- und Kurordnungen.

(E) Privat-Aussteller, Alphabetisch Geordnet.

(*a*) *Otto Gentsch in Magdeburg, Grosse Munzstr.* 3.

No. 42.—Arzneiverdampfungs-Apparat nach Dr. M. Sänger, 12 Exemplare.

Der Apparat hat den Zweck, die Einatmung geeigneter Arzneimittel in gasförmigem Zustand zu ermöglichen. Während in zerstäubtem Zustand eingeatmete Medikamente in den oberen Luftwegen haften bleiben, dringen medikamentöse Stoffe in Gasform in die tieferen Teile der Atmungsorgane und erreichen daher besser den Zweck der Inhalation. Der aus vernickeltem Kupfer hergestellte Apparat besteht aus einem Dampfkessel, der sich nach oben in einen zylindrischen Aufsatz fortsetzt, einem in dem letzteren befindlichen, oben offenen Arzneibehälter und zwei teils aus dem Aufsatz, teils aus dem Arzneibehälter hervortretenden Bergson'schen Röhrchen. Der durch das eine Röhrchen entweichende und an der Mündung des anderen Röhrchens vorbeistreichende Wasserdampf saugt den im Arzneibehälter sich bildenden Arzneidampf an und reisst ihn mit sich fort. Das zur Einatmung gelangende Gemisch von Arzneidampf und Wasserdampf wirkt wegen des Feuchtigkeitsgehalts auf die Schleimhäute reizmildernd. Die Arzneimittel können in festem oder zähflüssigem Zustand benutzt werden, ohne dass sie zuvor in einer Flüssigkeit gelöst zu werden brauchen. Der Apparat ist geeignet zur Behandlung von Bronchialkatarrhen und tuberkulösen Lungenkatarrhen. Kreosot und Guajakol können durch ihn ihre Wirkung gut entfalten.

(*b*) *Curt Kabitzsch (A. Stuber's Verlag) in Würzburg, Verlagsbuchhandlung für Medizin und Naturwissenschaften.*

No. 43.—Tuberkulose-Literatur aus diesem Verlage:

1.—Beiträge zur Klinik der Tuberkulose, herausgegeben von Brauer, Marburg, Band I—IX und Supplement-Band I.

2.—Internationales Zentralblatt für die gesamte Tuberkulose-Forschung, herausgegeben von Brauer, Marburg; de la Camp, Erlangen; und G. Schröder, Schömberg, I. und II. Jahrgang.

3.—Lehrbuch der spezifischen Diagnostik und Therapie der Tuberkulose, von Bandelier, Kottbus, und Roepke, Melsungen. 1. Band.
4.—Die Ophthalmo- und Kutan-Diagnose der Tuberkulose, von Wolff-Eisner, Berlin, 1. Band.

No. 44.—Eine Tafel, darstellend Reaktionsergebnisse von Impfungen nach der Ophthalmo- und Kutan-Methode, zusammengestellt aus den Brauer'schen Beiträgen, sowie 2 farbige Abbildungen aus dem Werke von Wolff-Eisner.

(*c*) *F. Leineweber, Verlagsbuchhandlung in Leipzig.*

No. 45.—Literatur über Tuberkulose und Hygiene aus diesem Verlage:
1.—Gesundheit, Zeitschrift für Städtehygiene und Gesundheitstechnik, Jahrgang 1907.
2.—Zeitschrift für Krankenheilanstalten, Jahrgang 1907.
3.—Addressbuch der Kranken- und Pflegeanstalten Deutschlands.
4.—Räuber, Bestimmungen, Erlasse, Verfügungen für das Medizinalwesen in Preussen.
5.—Weicker, Beiträge zur Frage der Volksheilstätten, VIII. Folge.
6.—Weicker, Tuberkulose-Heilstätten-Dauererfolge.
7.—Leiser, Der Arzt im Kampfe gegen die Tuberkulose.
8.—Petruschky, Vorträge zur Tuberkulose-Bekämpfung.
9.—Petruschky, Vorträge zur Tuberkulose-Bekämpfung. Neue Folge.
10.—Petruschky-Weicker, Über Heilstätten- und Tuberkulinbehandlung.
11.—Petruschky, Der Kampf gegen die Infektionskrankheiten.
12.—Thorner, Tuberkulin und Tuberkulose.
13.—Bornträger, Tuberkulose-Bekämpfung in Belgien.
14.—Thorner, Einiges zur Stellung des praktischen Arztes gegenüber dem heutigen Standpunkte der Tuberkulose.
15.—Wolf, Die Bekämpfung der Tuberkulose auf dem Lande.
16.—Welzel, Strassenstaub.
17.—Wolf, Die moderne Seuchenbekämpfung.
18.—Fischer, Das Gesundheitswesen in England.
19.—Derlin, Die Milchversorgung von Krankenanstalten.
20.—Röhrig, Welche Anforderungen sind an Nahrungs- und Genussmittel zu stellen?
21.—Einert, Wichtige Vorfragen bei Krankenhausneubauten.
22.—Petruschky-Kriebel, Die Ursachen der Sommersterblichkeit der Säuglinge.
23.—Städtler, Die Hygiene der Nahrungsmittel und der Verdauung.
24.—Petruschky, Wohnungsdesinfektion mittels Formaldehyd.
25.—Romeick, Desinfektionswesen in ländlichen Ortschaften.
26.—Bornträger, Die Hand in hygienischer Beziehung.
27.—Risel-Schnackenburg, Die Gesundheitskommissionen.
28.—Kröhnke, Milchversorgung.
29.—Effler, Ziehkinder-Fürsorge.
30.—Bresgen, Schnupfen.
31.—Mehl, Luftbeschaffenheit.

32.—Mehl, Über Rauch und Russ.
33.—Mehl, Kohlensäuremassstab, Atemgift, Entwärmungsmassstab.
34.—Gruner, Luftheizungsanlage.
35.—Brix, Der Städtekehricht und seine unschädliche Beseitigung.
36.—Degener, Prinzipien der Städtereinigung.
37.—Wernicke-Schwer, Fussbodenöl und seine Verwendung in Schulen, 2 Bände.
38.—Hopp, Hauskanalisations- und Hauswasserleitungsanlagen.
39.—Schmidt, Abwasserklärung.
40.—Kröhnke, Abwasserreinigung.
41.—Erlwein, Trinkwasserreinigung durch Ozon und Ozonwasserwerke.

(*d*) *Adolph vom Rath-Stiftung zu Berlin.*

Die Adolph vom Rath-Stiftung hat den Zweck, tuberkulösen Personen, die aus eigenen Mitteln in ihrem Haushalte nicht in der Lage sind, für eine angemessene Ernährung zu sorgen, unentgeltlich nach ärztlicher Anweisung gesunde und passende Nahrung zu gewähren. Die Stiftung wurde im Jahre 1907 von Frau Anna vom Rath, der Begründerin der Berliner Krankenküche, zur Erinnerung an ihren verstorbenen Ehegatten begründet und mit einem Kapital von 500 000 M. ausgestattet. Die Bereitung der Speisen erfolgt in der Krankenküche Berlin C., Brüderstr. 10, von wo täglich etwa 150 Portionen an ebenso viele Familien mittels Speise-Automobils ins Haus gesandt werden. Die Krankenkost wird nur an solche Kranke gewährt, die in ihrer Wohnung die Massnahmen der Tuberkulose-Prophylaxe mit Sorgfalt durchführen. Besonders werden solche Personen, die eine erfolgreiche Kur in einer Lungenheilstätte durchgemacht haben, berücksichtigt, um die Dauer des Heilerfolges bei ihnen zu befestigen.

No. 46.—2 Bilder, darstellend die Küchen-Einrichtung und die Versendung der Speisen in der Adolph vom Rath-Stiftung und in der Krankenküche zu Berlin.

No. 47.—Dazu Druckschriften:
1.—Die Krankenküche für Tuberkulose und ihre Einrichtung von Anna vom Rath, Berlin, in deutscher Sprache, 1000 Exemplare zur Verteilung.
2.—Die Organisation der Adolph vom Rath-Stiftung zur unentgeltlichen Speisung Tuberkulöser, von Prof. Dr. A. Kayserling, Berlin, in deutscher Sprache, 1000 Exemplare zur Verteilung.

(*e*) *Dr. Sarason, Berlin W., Tauenzien-Str.* 2.

No. 48.—Vier Modelle, darstellend ein neues System zur Errichtung von Bauten, insbesondere zur Durchführung der Freiluftbehandlung bei Lungenkranken.
1.—Modell eines Terrassen-Pavillons.
2.—Modell eines Terrassen-Sanatoriums (Parkhotel).
3.—Modell eines grossstädtischen Terrassen-Arbeiterwohnhauses.
4.—Modell einer Terrassen-Kleinwohnung.

No. 49.—2 Modelle, darstellend eine neue Brustpackung, insbesondere für Lungenkranke.

1.—Angelegt.
2.—Ausgebreitet.

No. 50.—Erläuterungen und Pläne zu No. 48 und 49.

GREAT BRITAIN.

Royal College of Surgeons of England Museum, Lincoln's Inn Fields, London.

1–6. Avian Tubercle.

From the Westminster Hospital Medical School Museum, Caxton Street, London.

7. Senile tuberculosis of the uterus.
8. Universal pericarditis (615 A).
9. Tuberculosis of hernial sac with much thickening.

From the St. George's Hospital Medical School Museum, London.

10. Perforation of left bronchus by a caseating gland. (Wide-spread tuberculosis. Bronchopneumonia.) (VII. 31 D. 5398.)
11. Hyperplastic tuberculosis of the cecum. (IX. III L. 5510.)
12. Miliary tuberculosis of meninges. Tuberculomata and tuberculous abscess in brain and cerebellum. (VIII. 71 B. 5357.)
13. Tuberculosis of kidney and ureter. (XI. 34 O. 5499.)
14. Vomica containing a blood-clot. (VII. 85 N. 5051.)
15. Tuberculomata and tuberculous abscesses in the brain. (VIII. 71 C. 5358.)

From the University College Hospital Medical School Museum, London.

16. Tubercle of the calvaria. (470.)
17. Small melon-seed bodies from tuberculous disease of elbow-joint. (1010.)
18. Tuberculous ulceration of tongue. (1462.)
19. Tuberculous ulceration of rectum. (1769 A.)
20. Tuberculous ulcers of bladder. (1917.)
21. Tubercle of epididymis, with abscesses. From a child of four, showing no other signs of tubercle and in whom the disease occurred acutely. (2123 D.)
22. Tuberculous testicle of child of three and one-half years, showing uniform, almost wholly fibrous, enlargements of the body of the testis. (2127.)
23. Tubercle of the breast. (2219.)
24. Tuberculous deposit in skin. "Lupus verrucosus." (2337.)
25. Miliary tubercle of the choroid. (2707.)

26, 27—Fibrocaseous tubercle of liver. (3136A., 3136 B.)

Dr. Sidney Martin's Specimens Illustrating Feeding Experiments.

28. Acute caseous tuberculosis of lung of rabbit, following subcutaneous inoculation with tuberculous milk. Tubercle bacilli found in the deposits.

29. Kidney of the same rabbit from which the last specimen was taken, showing projecting tubercles.
30. Portion of liver of pig, showing an area of caseocalcareous and encapsuled tubercles, the result of feeding with tuberculous milk. Tubercle bacilli were found in the deposits.
31. Spleen of pig showing projecting tubercles, the result of feeding with tuberculous milk.
32. Portion of small intestine of calf, showing tuberculous nodules in Peyer's patch eroded on the surface, the result of feeding with tuberculous milk. Tubercle bacilli were found in the deposits.
33. Calcareous tuberculous nodules in intestine of calf, the result of feeding with tuberculous milk. Tubercle bacilli were found in recent nodules in other parts of the intestine.
34. Tuberculous affection of Peyer's patches and mucous membrane of intestine of guinea-pig, the result of feeding with tuberculous milk. Tubercle bacilli were found in the deposits.
35. Portion of udder of cow showing extreme caseocalcareous tubercle (the natural disease).
36. Lymphatic gland of cow, showing advanced fibrocaseocalcareous tubercle (the natural disease).
37. Tuberculous endometritis. (4080 B.)

From the Pathological Department, Western Infirmary, Glasgow.

38, 39. Pulmonary aneurism.
40, 41. Tuberculosis of suprarenal capsules. Addison's disease. Slight pigmentation of skin—no other symptoms.
42. Early tuberculosis of epididymis.
43. Tuberculosis of epididymis. Extensions along spermatic cord.
44. Advanced tuberculosis of epididymis.
45. Tuberculosis of body of testis.
46. Large tuberculous mass in spleen along with lymphadenoma.
47. Tuberculosis of spleen.
48. Tuberculosis of omentum.
49. Tuberculosis of pia-arachnoid, with little inflammatory change.
50. Early tuberculosis of knee-joint.
51. Advanced tuberculosis of knee-joint.
52. Tuberculosis of head of tibia.
53. Tubercular dactylitis. Destruction of proximal phalanx.
54. Tuberculosis of mamma.
55. Extensive tuberculosis of mamma with sepsis superadded.

From the Humphry Museum, New Medical School, Cambridge University.

Lungs of Adults:

56. Acute miliary tuberculosis.
57. Chronic fibroid phthisis. Tubercle pigmentation.

Lungs of Children Showing Tubercular Processes:

58. Tubercular catarrhal pneumonia.

59.* Acute rapidly caseating tuberculosis.
60.* Tubercular glands, hemorrhage, and catarrhal tubercular pneumonia.
61.* Tubercular nodules in area drained by glands that have now become caseous (unstained).
62.* Tubercular nodules in area drained by glands that have now become caseous (stained with alum-carmin).
63. Extensive caseating tubercular patches (catarrhal pneumonic) in middle of lower lobe of lung.
64. Small fibroid tubercle nodules in upper lobe. Tubercular catarrhal pneumonic consolidation at base, and caseous gland at root of lung.
65.* Catarrhal pneumonic tubercle with rapid cavitation at apex and in upper lobe. Stained with alum-carmin.
66. Extensive tubercular consolidation in middle of lobe of lung. Note tubercular patches in other portions of lung.
67.* Tubercular consolidation of lung. Caseous glands. Extensive cavitation especially in upper part of lower lobe.
68.* Fairly acute racemose tuberculosis throughout whole lung. Gland at root tubercular, caseous (unstained).
69.* Fairly acute racemose tuberculosis throughout whole lung. Gland at root tubercular, caseous (stained with picrocarmin).
70, 70a. Tubercular disease of ankle-joint.
71. Tubercular disease of wrist-joint.
72–74. Tubercular disease of elbow-joint.
75. Tubercular disease of hip-joint.
76. Tubercular disease of knee-joint.
77. Tubercular disease of foot (child).
78. Tubercular disease of the spine with ankylosis.
79. Tubercular disease of the knee-joint with ankylosis.
80, 81. Culture of avian tubercle bacilli on agar.
82. Culture of Leishman's acid-fast streptothrix.

From the Pathological Department, University of Manchester.

Tuberculosis in Children:

83. From boy aged twelve years. Tuberculous meningitis: shows thickening of membranes at base and fairly large tubercles on the side of the cerebral hemisphere. There was also ulceration of the intestine, peritonitis, and tuberculosis of the abdominal glands.
84. From boy aged nine years. Large tuberculosis nodule in the right lobe of the cerebellum, which has given rise to hydrocephalus. The dura mater is adherent to the tumor and there is localized tuberculous meningitis. There was also chronic apical pulmonary tuberculosis. The illness began with symptoms of cerebellar tumor (ataxic gait, etc.), marked later by the development of hydrocephalus.

*In the specimens marked * the tubercular processes in the lung are associated with tuberculosis of the mediastinal, retroperitoneal, and mesenteric glands.

85. From boy aged three and one-quarter years. Ulceration of intestine; enlarged and caseous mesenteric glands, caseous bronchial glands, and miliary tuberculosis of lung. The cervical glands were also tuberculous.
86. From girl aged six years. Extensive ulceration of intestine; enlarged mesenteric glands; general adhesive peritonitis. Notice the serous cysts on the serous surface in relation to the ulcers. These are probably of inflammatory origin. There were also pulmonary tuberculosis, and tubercles were present in spleen and kidneys.
87. From a girl aged six years. Pulmonary tuberculosis; cavitation at apex. Caseous bronchial glands; tuberculous pleurisy. There were a few small ulcers in the intestine and tuberculosis of the mesenteric glands.
88. From a girl aged twelve years. Lung: extensive tuberculosis with cavitation, fibroid change, and calcification. Bronchial glands affected.
89. From same case as No. 88. Liver: amyloid and fatty. Spleen: sago amyloid. There was also in this case very extensive ulceration of the intestine, beginning high up in the jejunum, and the kidneys also showed amyloid.
90. From same case as Nos. 88, 89. Ileocecal region of the intestine showing great thickening of the wall of the colon owing to fibroid and amyloid change. Small papillomatous growths are seen in the mucous membrane. There are a few caseous tubercles at the lower end of the ileum and a small ulcer.
91. From boy aged five years. Part of cerebrum showing minute hemorrhages in the white matter. From a case of general tuberculosis complicated by anemia of pernicious type. (Reds, 1,000,000; whites, 17,000; hemoglobin index, 1–3.)
92. From boy aged ten years. Tuberculous peritonitis with yellow, tumor-like deposits; enlarged mesenteric glands. Tuberculosis of the diaphragm. There was also pulmonary tuberculosis and tuberculous meningitis.
93. From boy aged three years. Caseous mediastinal glands. Left lung: pleurisy, consolidation, a very large phthisical cavity involving the lower and part of the upper lobe. A large blood-vessel with thickened walls is seen in the cavity. Ulceration of intestine; caseous mesenteric glands; tubercles in spleen.
94. From boy aged twelve years. Lung: acute miliary tuberculosis. Intestine: caseous nodules. Spleen; enlarged, tubercles on surface.
95. From a girl aged six years. Caseous bronchial glands: small area of tuberculous consolidation in the middle lobe of the right lung. Liver and diaphragm caseous tubercle. Spleen: very marked caseous nodules.

From the School of Medicine Museum, University of Leeds.

96. Lungs, with cervical and esophageal glands, spleen, and liver from

child aged fourteen weeks, showing general tuberculosis, probably by tonsillar route. (6160.)

97. Lung, affected with both tubercle and carcinoma (6086.)
98. Lung, with extreme anthracosis yet containing many tubercle bacilli. (6020.)
99. Tuberculous mastitis. (GG 10.)
100. Tuberculous pericarditis. (C 6a.)
101. Tuberculous laryngitis, chiefly ventral. (D 26d., 2024.)
102. Tuberculous deposit in pons of a child. (5699.)
103. Rarefying osteitis without any tendency to sclerosis. Photo. All specimens from same case. (A 26 E. N. 104, N. 105.)
104. Multiple tuberculomata of dura mater. Three masses (size of gooseberries) attached to under surface of falx cerebelli. (N. 15.)
105. Multiple tuberculomata of frontal lobes. Coronal sections through frontal lobes revealing tuberculous masses, of some size, and tuberculous pachymeningitis. The disease was supposed to have invaded the brain from without inward (*i. e.*, from the dura). (N. 104, 105; A. 26 E. All from same case.)
106. Hyperplastic tuberculosis of small intestine causing multiple stenosis. Resection of a considerable loop of gut—recovery. In the lumen is incarcerated a plum stone. (371.)
107. Tuberculous ectopii testis. The testis was situated on the dorsum of the penis near the symphysis and had only a little while before given rise to trouble. On resection found to be tuberculous. (F 91 D.)
108. Coarse tubercle of spleen of horse. The masses are cherry-sized and discrete. (CC 54.)
109. Healed tuberculous peritonitis. The peritoneum is studded with nodules rather less than pea-sized, or smaller; these have long, thread-like pedicles. Microscopically the nodules are found to be tuberculous. (5761.)
110. Coarse tubercle of spleen. From child aged four. The tubercles are pea-sized. (5752.)
111. Tuberculous axillary glands. Removed by operation. (5650.)
112. Tuberculosis of cecum—from a child. There is chronic disease of the cecum and adjacent ileum and the glands in the adjacent mesentery are laid open, being much enlarged and caseous (color specimen). (5933.)
113. Stenosing ulceration of small intestine (same case as 112). Two chronic ulcers beginning to contract and inclosing about six inches of slightly dilated intestine between them.
114. Hyperplastic tuberculosis of appendix and cecum. There is disease throughout the length of the appendix.
115. Tuberculosis of hernial sac. (EH 319.)
116. Caseating tubercle of kidney. The color is good—a striking specimen. (5901.)
117. Coarse miliary tuberculosis of kidneys (rabbit). (5827.)
118. Miliary tuberculosis of omentum. From child of three months whose mother died, shortly after delivery, of tuberculosis. The disease in the infant is thought to have been congenital. (561.)

119. Miliary tuberculosis in a leukemic liver. Patient had ordinary splenomyelogenous leukemia and the liver nodules were thought to be of this nature until a routine microscopical examination showed they were undoubtedly tuberculous. (EE 11.)
120. Healed tuberculous peritonitis. (5904.)
121. Tuberculous prostate and vesiculæ seminales. The prostate has been converted into an abscess cavity. The bladder is little affected. (F 65.)
122. Tuberculous epididymis. There is also miliary deposit in the testis. (6008.)
123. Tuberculous epididymis and spermatic cord. (5075.)
124. Tuberculosis of kidney. There is only one breaking-down focus, but there is coarse miliary deposit scattered throughout the organ. (5805.)
125. Caseous bronchopneumonia. From an infant. The lung is riddled with quite small cavities from the breaking-down caseous areas.
126. Miliary tuberculosis with apical cavity. Infant aged eight months. Early miliary tubercle with relatively considerable cavity at apex. (5944.)
127. Miliary tuberculosis—uniformly caseous. Infant fourteen months. Apart from a single considerable cavity at apex, the tubercles are coarse and caseous, without any cavitation. (5700.)
128. Miliary tuberculosis, bronchopneumonia. Tubercles are small, scarcely caseous, and aggregated into distinct bronchopneumonic areas. Child aged seven.

Specimens from University College Museum, Bristol.

129. Good aneurism in lung (tuberculosis).
130. Tuberculosis of one testis, one vesiculus seminalis, one kidney, and two suprarenals.
131. Lung, liver, kidney, heart, spleen, marrow. All showing miliary tubercles.
132. Slice of lung between two sheets of glass (tuberculosis).

Plans, Sketches and Photographs of Sanatoriums for the Treatment of Tuberculosis.

1–5 Kelling Sanatorium, Holt, Norfolk, England.
6. Diagram of Penheskyn-y-Gors Sanatorium, Anglesey.
7. Diagram of Dr. Esther Carling Sanatorium, Maitland.
8. Nott's Consumption Sanatorium, Ratcher Hill, Mansfield, England —2 diagrams.
9. Photographs of the Crossley Sanatorium, Delamere Forest, Cheshire, England.
10. Lithographs, proposed sanatorium at Barrasford.
11. Plans and photographs of Mount Vernon Hospital for Consumption, Northwood.
12. King Edward VII Sanatorium, Midhurst. Diagrams and bird's-eye perspective view.
13. Diagrams of sanatorium at Frimley, Surrey, England.

14. Diagrams of sanatorium at Eastby near Skipton, England.
15. Eight plans of Delamere Sanatorium.
16. National Sanatorium, Benenden, Kent (plans).
17. Royal National Hospital for Consumption, Newcastle, County Wicklow.
18. Altadore Sanatorium, Kilpedder County, Wicklow, Ireland.
19. Larch Hill Sanatorium, Rockbrook County, Dublin, Ireland.
20. Rostrevor Sanatorium, County Down, Ireland.
21. Foster Green Sanatorium, Belfast, Ireland.
22. The Abbey Sanatorium, Belfast Union, Ireland.
23. Sonas Sanatorium, Kilcool County, Wicklow.
24. Description and plans of suggested sanatorium by G. Sims Woodhead, M.D., and W. Henman, F.R.I.B.A.

Royal Victoria Hospital for Consumption, Edinburgh.

1. General view of dining-hall, administrative buildings, with portions of pavilions.
2. General view, showing administrative buildings in front, and dining-hall behind.
3. Separate pavilion with accommodations for 12 patients.
4. Interior of ward, showing relation of beds to open windows.
5. Open-air shelters, as used—(*a*) by day; (*b*) by night.
6. Model of open-air shelter.
7. Ground-plan of annexes.
8. Copies of address on Public Aspects of Tuberculosis.

University of Birmingham.

Twelve sections of whole lungs, illustrating the various types of tuberculous disease in children; with stand and magnifying glass; several lungs mounted in gelatin. Exhibited by James Miller.

JAPAN.

Institute for the Research of Infectious Diseases, Tokyo.

Three books and 13 charts.

RUSSIA.

I. Tuberculinum Purum (Endotin).

Does not produce any general reaction. Based on Koch's "old" tuberculin. Prepared by a process of chemical extraction (with alcohol, chloroform, xylol, etc.) from "old tuberculin." Can be used in much larger doses than the old remedy, and has given good results, especially in early and moderately advanced cases, with lesions localized in one lung.

Prepared by the St. Petersburg Tuberculin Society. Agents and licensees in the United States, The Saxe Laboratory, 72 West 45th Street, New York.

Exhibit of the preparation and the manner of dosage in graduated scale of solutions contained in sealed bulbs ready for use.

II. Sperminum-Poehl and Lactalexin-Poehl.

Reprints of the literature in form of short sheets and tables containing scientific publications concerning Sperminum-Poehl, 100 bottles.

SWEDEN.

Swedish National Antituberculosis Association.

1. Pamphlet used by the S. T. A. translated into English.
   (*a*) The program of the S. T. A.
   (*b*) On sanatorial nursing in the homes.
   (*c*) Advice to consumptives and those surrounding them.
   (*d*) Advice to consumptives waiting for admission into the sanatoriums.
   (*e*) The consumption terror.
   (*f*) Notice on tuberculosis (paper given to every person attending a lecture arranged by the S. T. A.).
2. Map of Sweden, indicating deaths from pulmonary tuberculosis per 1000 living, rural districts, 1901.
   Map of Sweden indicating deaths from pulmonary tuberculosis per 1000 living, rural districts, 1905.
   Map of Sweden indicating deaths from pulmonary tuberculosis per 1000 living, judiciary districts, 1901–1905.
   Map of Sweden indicating deaths from pulmonary tuberculosis per 1000 living, towns, 1905.
3. General view of the Tuberculosis Hospital of the city of Stockholm at Soderby for 500 patients.
4. Stativ with beads in glass cylinders, indicating the mortality from tuberculosis compared with mortality from other diseases in different ages in Stockholm, 1898–1902.
5. Lantern slides from Swedish sanatoriums, tuberculosis hospitals, etc.
6. Cinematograph views from Swedish sanatoriums, etc.

A book containing articles in English about the struggle against tuberculosis in Sweden. Dedicated to the Congress. To be distributed to the congressists.

SWITZERLAND.

I. Commission Centrale Suisse Antituberculeuse.

(I.) *Cartes, Diagrammes, Photographies, Affiches.*

(*A*) *Fréquence et Repartition de la Tuberculose.*

1 et 2. Cartes de la mortalité tuberculeuse, calculée par districts et pour 10,000 habitants, pour les années 1901 à 1903. (a) Tuberculose pulmonaire; (b) autres tuberculoses.

3. (a) Décès par tuberculose pulmonaire pour 10,000 vivants de la même classe d'âge, 1901-1903: diagramme; (b) décès par tuberculose pulmonaire pour 1,000 décès généraux de la même classe d'âge, 1901-1903: diagramme.

4. (*a*) Décès par tuberculose pulmonaire pour 10,000 vivants de la même classe d'âge, 1888 à 1892 et 1901 à 1903: diagramme; (*b*) décès par tuberculose pulmonaire pour 10,000 habitants, repartis par périodes quinquennales, 1883-1902: diagramme; (*c*) décès par tuberculose pulmonaire répartis d'après l'altitude: diagramme; (*d*) décès par tuberculose pulmonaire répartis d'après la prédominance de la population agricole; diagramme.

(*B*) *Armement Antituberculeux.*

5. Carte de l'armement antituberculeux de la Suisse, montrant: (a) Les associations antituberculeuses; (b) les sanatoriums populaires pour adultes (8 sanatoriums, environ 600 lits); (c) les sanatoriums populaires pour enfants (4 sanatoriums, environ 200 lits); (d) les sanatoriums payants pour adultes et pour enfants (23 sanatoriums, environ 1,600 lits); (e) les dispensaires antituberculeux; (f) la colonie agricole de Leysin pour tuberculeux convalescents; (g) les hôpitaux pour enfants maladifs, rachitiques, scofuleux ou atteints de tuberculoses légères (11 hôpitaux, environ 350 lits); (h) les œuvres des bains de mer; (i) les colonies de vacances; (k) les asiles pour tuberculeux incurables.

6 à 11. Vues photographiques représentant: (a) Les sanatoriums populaires pour tuberculeux adultes (Berne-Heiligenschwendi, Bâle-Davos, Zurich-Wald, Glaris-Braunwald, Vaud-Leysin, Neuchâtel-Malvilliers, Genève-Clairmont); (b) les sanatoriums populaires pour enfants (Berne-Heiligenschwendi, Vaud-Leysin, Bâle-Erzenberg, asile du Dr. Martin—Genève pour le traitement des tuberculoses chirurgicales); (c) les sanatoriums pour enfants scrofuleux ou rachitiques (Zurich-Aegeri, Bâle-Langenbruck, sanatoriums du Dr. Weber à Aegeri et du Dr. Zellweger, à Trogen); (d) divers établissements pour tuberculeux adultes (y compris les incurables) et pour enfants maladifs (sanatoriums populaires allemands et hollandais à Davos, asile de Hellsau, sanatorium des bains de Rheinfelden sanatorium d'été de la Grasbourg, bains de Weissenburg).

(*C*) *Activité des Sanatoriums Populaires et Résultats du Traitement en Sanatorium. Colonies de Vacances.*

12. (a) Colonies de vacances. Enfants admis de 1876 à 1903: diagramme; (b) activité des sanatoriums populaires: malades traités et journées de malades de 1895 à 1904: diagrammes.

13. (a) Résultats du traitement dans les sanatoriums populaires en général. Etat des malades à la sortie; conservation de la capacité de travail: diagrammes; (b) résultats du sanatorium populaire de Bâle-Davos; conservation de la capacité de travail à la sortie des malades et après 1, 2, 3, 4 et 5 ans: diagramme.

(*D*) *Prophylaxie de la Tuberculose.*

14. Affiche publiée par la Commission centrale suisse pour la lutte contre la tuberculose et destinée à être placée dans les ateliers, écoles, bureaux, etc.

(II.) *Rapports, Législation, Literature.*

(*a*) Législation antituberculeuse. 1 volume contenant:

1. Kanton Appenzell a. Rh. Regierungsratsbeschluss vom 10. Februar 1903 über Desinfektionen bei Tuberkulose.
2. Kanton Graubünden. Reglement betreffend die Desinfektion nach Tuberkulosetodesfällen.
3. Kanton Graubünden, Gemeinde Davos. Sanitätspolizeiliche Vorschriften vom 13. Mai 1900. (Desinfektion bei Tuberkulosetodesfällen.)
4. Kanton Graubünden, Gemeinde Arosa. Sanitätspolizeiliche Vorschriften. (Desinfektion bei Tuberkulosetodesfällen.)
5. Canton de Vaud, commune de Leysin. Règlement de police sanitaire. (Désinfection en cas de tuberculose.)

(*b*) Commission centrale suisse pour la lutte contre la tuberculose. 1 volume contenant:

1. Circulaire aux autorités sanitaires.
2. Constitution, procès-verbaux, statuts, liste des membres, rapports.
3. Programme d'action.
4. Brochure: Comment peut-on se préserver de la tuberculose?
5. Affiche; Prophylaxie de la tuberculose.

(*c*) Enquête sur la tuberculose. 1 volume contenant:

1. Dr. Hürlimann. Die schweizerische Mortalitätsstatistik und ihre Beziehungen zum Kampfe gegen die Tuberkulose.
2. Dr. A. Käppeli, sen. Die Tuberkulose in der Schweiz, deren Verbreitung und bisherige Bekämpfung.
3. Dr. C. Merz. Ueber die Notwendigkeit einer Enquête zur Erforschung der Ursachen der Tuberkulosesterblichkeit in der Schweiz und die Art und Weise ihrer Durchführung.
4. Divers formulaires pour l'enquête entreprise par la section d'hygiène de la Société suisse d'utilité publique.

(*d*) Publications populaires sur la tuberculose. 1 volume contenant:

1. Zürcher Heilstätte für Lungenkranke in Wald. Aerztliche Ratschläge bei der Entlassung aus der Anstalt.
2. Bernische Heilstätte für Tuberkulöse in Heiligenschwendi. Ratschläge für Lungenkranke und Kurvorschriften.
3. Verein für ein Luzerner Lungensanatorium. Wie schützt man sich und andere gegen Tuberkulose?
4. Basler Heilstätte in Davos. Ratschläge an die Brustkranken und an ihre Angehörigen.
5. Dr. M. Bollag. Zum Kampfe gegen die Lungenschwindsucht. (Guerre à la tuberculose.)
6. Dr. G. Sandoz:
   (*a*) Aux armes contre la tuberculose.
   (*b*) Livret d'éducation "contre la tuberculose."
   (*c*) Le dispensaire antituberculeux.
7. Commission centrale suisse pour la lutte contre la tuberculose. Instructions populaires: "Comment peut-on se préserver de la tuberculose," en français, allemand et italien.
8. Frau Winistörfer. Kurze Anleitung zur Hauswirtschaft.

(*e*) Société d'utilité publique des femmes suisses. 1 volume contenant:

1. Liste des membres et statuts de la société.
2. Rapports de la société contenant diverses publications sur la lutte antituberculeuse.
3. Dr. A. Christen. Die Frau im Kampfe wider die Tuberkulose. Vortrag.
4. Frau Winistörfer. Kurze Anleitung zur Hauswirtschaft. Für Schule und Haus.

(*f*) Fréquence et répartition de la tuberculose. 1 volume contenant:

1. Dr. E. Müller. Die Verbreitung der Lungenschwindsucht in der Schweiz. (Tuberculose en Suisse.) Winterthur 1876.
2. Dr. Müller. Berufsarten und Lungenschwindsucht im Kanton Zürich. (Professions et tuberculose.) Winterthur 1874.
3. Prof. Dr. A. Vogt. Die allgemeine Sterblichkeit und die Sterblichkeit an Lungenschwindsucht in den Berufsarten, welche in der Schweiz hauptsächlich vertreten sind. (Mortalité générale, mortalité tuberculeuse et professions.) Bern 1887.
4. Dr. Fr. Schmid. Die Verbreitung der Tuberkulose in der Schweiz. Referat gehalten an dem Kongress zur Bekämpfung der Tuberkulose als Volkskrankheit in Berlin. (La tuberculose en Suisse. Rapport.) Bern 1899.
5. Dr. Fr. Schmid und Dr. Egger. Bericht über den Kongress zur Bekämpfung der Tuberkulose als Volkskrankheit in Berlin vom 4. bis 7. Mai 1899. (Tuberculose. Rapport sur le Congrès de Berlin.)
6. Dr. H. Carrière und Dr. E. Neumann. Rapport sur le Congrès britannique pour la prévention de la tuberculose, réuni à Londres, du 22 au 26 juillet 1901.
7. Dr. Fr. Schmid. Bericht über den XI. internationalen Kongress für Hygiene und Demographie in Brüssel 1903, enthaltend: (a) die staatliche Bekämpfung der Tuberkulose; (b) Intervention des pouvoirs publics dans la lutte contre la tuberculose.
8. Dr. H. Carrière. La tuberculose et l'armement antituberculeux en Suisse. Berne 1905.

(*g*) Formulaires en usage dans les sanatoriums populaires. 1 volume.

II. Station Climaterique d'Arosa.

Vues photographiques de la station.
Tableaux météorologiques.
Brochures et prospectus.

III. Station Climaterique de Davos.

Canton des Grisons. Altitude: 1500 m.

Sanatorium Dannegger à Davos-Dorf.
Vue photographique.
Plan du sanatorium.
Sanatorium Davos-Dorf. (Dr. L. von Muralt.)
Photographies. Prospectus.

Sanatorium populaire bâllois à Davos. (Dr. Nienhaus.)
Vues photographiques. Travaux, rapports, formulaires, statuts.
Sanatorium Schatzalp, altitude: 1865 m. (Dr. Lucius Spengler et Dr. Ed. Neumann.)
Panorama, photographies, vues stéréoscopiques.

IV. Station Climaterique de Leysin.

Canton de Vaud. Altitude: 1450 m.

Sanatorium Grand Hôtel (Drs. Exchaquet et de Peyer).
Sanatorium du Mont Blanc (Drs. Meyer et Dieudonné).
Sanatorium du Chamossaire (Drs. Jaquerod et Chapuis).
Sanatorium Anglais (Drs. Hensler et Buscher).
Vues photographiques; plans, brochures, rapports médicaux.
Sanatorium populaire (Drs. Sillig et Roulet).
Brochures, albums, rapports médicaux.

V. Dr. Bollag, A Liestal.

Automates pour la distribution de cartes illustrées relatives à la tuberculose.

URUGUAY.

FROM LA LIGA URUGUAYA CONTRA LA TUBERCULOSIS.

Joaquin de Salterain, Montevideo.

Twenty stereoscopic views of the social edifice and model dispensary.
Six spit cups with foot model Uruguaya.
One collection of 18 photographs of offices and dispensaries.
One chart demonstrating the movement of population, birth, marriage, mortality, etc. (1887 to 1901).
One chart demonstrating the absolute and proportional mortality for tuberculosis in the department of Montevideo and other infectious diseases from 1889 to 1905.
Nineteen small pictures demonstrating mortality from tuberculosis in the departments by years and five-year periods.
Leaflets, 6 small pictures, manuals with popular prescriptions.
Two pictures: "La Tisis se Puede Evitar," "La Tisis se Cura."
A complete collection of monthly publications (several volumes).
Packages of various publications and formulas.
Five hundred specimens of a leaflet in four languages (Spanish, English, French, and German), with the principal data relating to the league against tuberculosis in Uruguay.

List of United States Exhibits.

FEDERAL EXHIBIT.

PUBLIC HEALTH AND MARINE HOSPITAL SERVICE.

Tuberculosis Sanatorium, Fort Stanton, N. M.

1. *Models, etc.*
   - (*a*) Model of station.
   - (*b*) Model of tent house.
   - (*c*) Model of tent.
   - (*d*) Model of toilet-room for tent colony.
   - (*e*) Descriptive pamphlet of station. (Illustrated.)
   - (*f*) Photographs illustrating details of station, its light, treatment, etc.
2. *Wall Charts* (oil paintings) illustrating tuberculosis from the standpoint of vital statistics.
   - (*a*) Comparative death-rate of tuberculosis in the United States and plague in India for twelve years, 1896 to 1907.
   - (*b*) Deaths from tuberculosis in the United States last year.
     Deaths from yellow fever in the United States for one hundred and fifteen years.
   - (*c*) Relative incidence of tuberculosis among whites, blacks, and Indians in the United States.
   - (*d*) Relative mortality among white and colored rural population.
   - (*e*) View of classic ancient writers on tuberculosis.
   - (*f*) Deaths from tuberculosis in the United States during the last four years.
     Deaths in action and from wounds in the Civil War for four years.
   - (*g*) Countries having the least and the greatest mortality from tuberculosis of the lungs.
   - (*h*) Death-rates of principal diseases compared with tuberculosis.
   - (*i*) Death-rate, tuberculosis of the lungs, white and colored population of Washington compared.
3. *The Diagnostic and Therapeutic Uses of Electricity.*
   - (*a*) Static machine.
   - (*b*) Radiographic table.
   - (*c*) Therapeutic lamp.
   - (*d*) *x*-Ray coil.
   - (*e*) Negatives and prints of skiagraphs.
4. *Hygienic Laboratory.*
   - (*a*) Specimens in Kayserling's solution.
   - (*b*) Growth of the tubercle bacillus upon fruits and vegetables.

UNITED STATES ARMY, MEDICAL DEPARTMENT EXHIBIT.

1. Water-color of the United States Army Sanatorium for Tuberculosis at Fort Bayard, New Mexico.
2. Models of two special wards constructed at the Sanatorium, Fort Bayard, New Mexico, for tuberculous patients.
3. Chart showing result of treatment of tuberculous patients at Fort Bayard, New Mexico.
4. Photographs of the United States Army Sanatorium Fort Bayard, New Mexico, and vicinity.
5. Photographs of pathological specimens collected at Fort Bayard, New Mexico.
6. Descriptive pamphlets of the United States Army Sanatorium, Fort Bayard, New Mexico.
7. Statistical pamphlet of tuberculous patients treated at the United States Army Sanatorium at Fort Bayard, New Mexico.

UNITED STATES NAVY, MEDICAL DEPARTMENT EXHIBIT.

The Naval Sanatorium for Tuberculosis, Las Animas, Colorado.

(A) A model in plaster of the building and grounds.
(B) Plaster model of lean-to ward.

Photographs:

1. Panoramic view of reservation from water-tower looking southwest to east.
2. View looking northeast; laundry on left; power-house on right.
3. View looking southeast; recreation building on left; bowling alley in center and stable on right.
4. View of parade ground from northwest corner looking southeast. Administration building in center.
5. View from road to gate looking southeast.
6. View of camp.
7. Parade ground from southwest corner looking northeast.
8. Administration building.
9. Laboratory. Administration building.
10. Officers' quarters, looking north.
11. Infirmary looking northeast.
12. Infirmary looking northwest.
13. Lean-to wards, subsistence building and bakery, looking north.
14. Lean-to building, front view.
15. Lean-to building, rear view.
16. Ward, lean-to building.
17. Nurses' room, lean-to building.
18. Veranda, lean-to building.
19. Locker-room, lean-to building.
20. Wash- and toilet-room, lean-to building.
21. Sitting-room, lean-to building.
22. Kitchen, east subsistence building.
23. Nurses' dining-room, east subsistence building.

24. Patients' dining-room, east subsistence building.
25. Issue and storeroom, east subsistence building.
26. Bakery.
27. Tent house.
28. Bowling alley.
29. Recreation building.
30. Civilian employees' building.
31. Crematory.
32. Stable.
33. Laundry.
34. Kit Carson House.
35. Irrigation reservoir.
36. Hospital staff.
37. Hospital corps.

DEPARTMENT OF THE INTERIOR.

Smithsonian Institution and the Bureau of Indian Affairs.

1. Maps showing Indian reservations, with population, prevalence of tuberculosis, etc.
2. Chart showing condition among special tribes.
3. Photographs and groups showing former modes of living among the Indians when tuberculosis was unknown among them.
4. Photographs showing present living conditions where tuberculosis is prevalent.
5. Plans of enlarged new sanatorium at Chemawa School, Oregon, which is to serve as the model of all camps to be established on Indian reservations.
6. Photographs and plans of out-of-door school-buildings.
7. Maps of Alaska, showing Indian population, schools under government and missionary control, and the beginning of systematic work against tuberculosis.
8. Data concerning conditions in Alaska, contributed.
9. Miscellaneous, including literature, prospectus of further work, photographs, articles of household use illustrative of unhygienic modes of life among the Indian.

DEPARTMENT OF AGRICULTURE.

Bureau of Animal Industry.

Exhibit of Biochemic Division. Specimens.

1. Experimental tuberculosis. Liver and mesentery from monkey inoculated subcutaneously with bovine tuberculosis. B. A. I.
2. Experimental tuberculosis. Lungs and liver from monkey fed with tuberculous cow's milk. B. A. I.
3. Experimental tuberculosis. Lungs from monkey inoculated subcutaneously with bovine tuberculosis. B. A. I.
4. Experimental tuberculosis. Spleen of monkey inoculated subcutaneously with bovine tuberculosis. B. A. I.
5. Experimental tuberculosis. Lung of sheep inoculated intravenously with human tuberculosis. B. A. I.

6. Experimental tuberculosis. Lung of calf inoculated subcutaneously with a pure culture of bacterium tuberculosis from a child. B. A. I.
7. Experimental tuberculosis. Lung of calf inoculated subcutaneously with tubercle culture from a child. B. A. I.
8. Experimental tuberculosis. Part of lung from hog inoculated subcutaneously with tubercle culture from a child. B. A. I.
9. Experimental tuberculosis. Prescapular gland of calf inoculated subcutaneously with pure culture of bacterium tuberculosis from a child. B. A. I.
10. Concentrated tuberculin.
11. Tuberculin diluted ready for use in testing cattle.
12. Residue of tubercle bacilli from tuberculin preparations.
13. Tubercle bacilli extracted with ether.
14. Fatty substances extracted from tubercle bacilli with ether.

Exhibited by the Pathological Division.

Wet Specimens:

Tuberculosis:

1–5. Muscle of swine.
6. Hock joint of swine.
7. Spleen of cattle.
8. Spleen of monkey.
9–14. Spleen of hog.
15. Frontal bone of cow.
16, 17. Heart of cows.
18. Pericardium of hogs.
19. Pericardium of heart muscle of steer.
20. Ear of hog.
21. Penis of hog.
22. Foreleg of hog.
23–29. Mammary gland of sow.
30–39. Mammary gland of cow.
40, 41. Pleura of cattle.
42, 43. Spine of hog.
44. Viscera of monkey.
45, 46. Entire visceral organs of monkey.
47. Lung of cow.
48. Phalanges of hog.
49. Vertebræ of steer.
50. Muscle of steer.
51. Peritoneum of cow.
52. Uterus of cow.
53. Rumen of cow.
54, 55. Viscera of chicken.
56. Intestine of chicken.
57, 58. Lung of hog.
59. Liver of steer.
60. Omentum of cow.
61. Actinomycosis of heart of swine, simulating tuberculosis.

62. Actinomycosis of kidney of swine, simulating tuberculosis.
63. Actinomycosis of spleen of swine, simulating tuberculosis.
64. Actinomycosis of lung of swine, simulating tuberculosis.
65–67. Actinomycosis of tongue of cow.
68. Esophogostoma columbianum nodules of large intestine of sheep, simulating tuberculosis.
69. Echinorrhynchus gigas nodules of small intestine of hog, simulating tuberculosis.
70. Sarcomatosis of chicken's viscera, simulating tuberculosis.
71. Echinococcus cysts in liver of hog, simulating tuberculosis.
72–73. Fat necrosis of pancreas and omental adipose tissue, simulating tuberculosis.

Fifty cultures of human, bovine, porcine, and avian tuberculosis on agar, egg, and bouillon media.

Fifteen large glass refrigerators containing fresh specimens showing a variety of tuberculous lesions in food-producing animals.

Eighteen transparencies showing tubercle bacilli and the various lesions they occasion in animals.

Thirty Buchhold's preparations mounted in gelatin, showing lesions of tuberculosis in both domestic and wild animals.

Drawings:

Tuberculosis:

1. Pericardium of cow—framed.
2. Lung of cow—framed.
3. Liver and diaphragm of cow—framed.
4, 5. Spleen of hog.
6. Gland of cow—inoculated with human tuberculosis.
7. Dog's spleen.
8. Mammary gland of sow.
9. Penis of stag.
10. Lung and kidney of cat.
11. Intestines of boy and ovary of cow
12. Prescapular lymph-gland of calf inoculated with human tubercle bacilli.
13. Lung of calf—inoculated with human tubercle bacilli.
14. Ribs of calf—inoculated with human tubercle bacilli.
15. *x*-Ray photographs of lungs of hogs showing miliary and caseous tuberculosis and normal lung tissues.
16. Pseudo-tuberculosis of canary—inoculated into guinea-pig.
17. Caseous lymphadenitis in sheep, simulating tuberculosis.
18. Pseudotubercle bacilli culture of sheep.
19. Caseous lymphadenitis of kidney, simulating tuberculosis.
20. Pseudotubercle bacilli of sheep—inoculated into guinea-pig.

Exhibit of the Experiment Station.

One group of seven (7) specimens, as follows:

1. Organs of a guinea-pig showing tuberculous lesions caused by the subcutaneous inoculation of feces from a tuberculous cow.
2. Same as above.
3. Organs of a guinea-pig showing tuberculous lesions caused by the inoculation of normal milk from a healthy cow soiled with small masses of feces from a tuberculous cow.
4. Same as 3.
5. Organs of a guinea-pig showing tuberculous lesions caused by the inoculation of butter made from normal milk from a healthy cow soiled with small masses of feces from a tuberculous cow.
6. Same as 5.
7. Healthy organs of a guinea-pig, comparison of which with the above specimens will show more clearly the changes caused by the tuberculous disease.

One group of six (6) specimens, as follows:

1. Normal organs of a guinea-pig inoculated with normal butter.
2. Tuberculous organs of a guinea-pig inoculated with ordinary salted butter in which tubercle bacilli had remained alive and virulent thirty days.
3. Tuberculous intestine, omentum, and mesenteric glands of a guinea-pig inoculated with ordinary salted butter in which tubercle bacilli had remained alive and virulent one hundred days.
4. Tuberculous organs of a guinea-pig inoculated with ordinary salted butter in which tubercle bacilli had remained alive and virulent one hundred and thirteen days.
5. Tuberculous organs of a guinea-pig inoculated with ordinary salted butter in which tubercle bacilli had remained alive and virulent one hundred and thirty-three days.
6. Tuberculous organs of a guinea-pig inoculated with ordinary salted butter in which tubercle bacilli had remained alive and virulent one hundred and sixty days.

One group of twelve (12) specimens, as follows:

1. Tuberculosis of the prescapular, mediastinal, and gastrohepatic lymph-glands of a hog caused by eating the feces of tuberculous cows.
2. Tuberculosis of the submaxillary and cervical lymph-glands of a hog caused by eating the feces of tuberculous cows.
3. Tuberculosis of the submaxillary lymph-glands of a hog caused by eating the feces of tuberculous cows.
4. Tuberculosis of the spleen of a hog caused by eating the feces of tuberculous cows.
5. Tuberculosis of the costal pleura of a hog caused by eating the feces of tuberculous cows.
6. Tuberculosis of the diaphragm of a hog caused by eating the feces of tuberculous cows.
7. Tuberculosis of the lung and liver of a hog caused by eating the feces of tuberculous cows.

8–12. Normal lymph-glands, spleen, liver, lungs, diaphragm, and costal pleura of a hog to show by comparison the changes due to tuberculous disease.

Two specimens to show the persistence of tubercle bacilli of the human type, of a virulence too low to cause tuberculosis in cattle, in the udder of a cow, into which they were injected without trauma through the teat.

1. Tuberculous organs of a guinea-pig inoculated with material from the udder of the above-described cow six years and four and a half months after the bacilli were introduced into the udder.
2. Same as above.

Two specimens to show the character of lesions caused by inoculation of milk from cows affected with tuberculosis of the udder.

1. Tuberculous organs of rabbit.
2. Tuberculous organs of guinea-pig.

One group of nine (9) specimens to show the action of light on tubercle bacilli in tuberculous pus, as follows:

1. Healthy organs of a guinea-pig inoculated with tuberculous pus exposed thirty minutes in a thin layer on glass to direct sunlight.
2. Tuberculous organs of a guinea-pig inoculated with tuberculous pus exposed on glass in thick clumps to direct sunlight for two hours.
3. Healthy organs of a guinea-pig inoculated with tuberculous pus exposed on glass in thick clumps to direct sunlight for five hours.
4. Tuberculous organs of a guinea-pig inoculated with tuberculous pus exposed on glass in thin layers to electric light four hours. (The exposure was to a 16-candle power, carbon film lamp, lighted by a 110-volt alternating current. The distance from the lamp to the pus was 30 inches, and the temperature between lamp and pus was 72° F. (about 22° C.).
5. Healthy organs of a guinea-pig inoculated with tuberculous pus exposed to electric light, as above, thirty-two hours.
6. Healthy organs of a guinea-pig inoculated with tuberculous pus exposed to electric light, as above, sixty-four hours.
7. Tuberculous organs of a guinea-pig inoculated with tuberculous pus exposed in thin layers on glass to ordinary room light for fifteen days.
8. Tuberculous organs of a guinea-pig inoculated with tuberculous pus kept in thin layers on glass in a dark room for twenty days.
9. Tuberculous organs of a guinea-pig inoculated with tuberculous pus kept in thin layers on glass in a dark room thirty-two days.

Cattle Tuberculosis:

1. Tubercles on the surface of the heart.
2. Tuberculous condition of the pericardium.

3, 4, and 5. Sections of tuberculous udders.

DEPARTMENT OF COMMERCE AND LABOR.

The Census Office.

Complete set of all census publications on vital statistics, comprising the

decennial reports of 1850, 1860, 1870, 1880, 1890, and 1900, and the annual reports of 1900 to 1906, both inclusive.

Cartograms showing mortality from tuberculosis in registration states, 1880, 1890, and 1900; 1900, 1901, 1902, 1903, 1904, 1905, and 1906.

Mounted tables from mortality statistics, 1906, showing form of presentation of data relating to tuberculosis.

Large wall map colored to show registration States, registration cities in non-registration States, with recent laws under trial; other non-registration States, indicating by flash of electric light that some one is dying from tuberculosis in the United States every two minutes and thirty-six seconds; 23 every hour, and 548 every day.

Diagrams.

International classification of causes of death.

Proportion of deaths from each specified cause in the registration area, 1906.

Proportion of deaths from specified causes in each registration State, 1906.

Proportion of deaths at each age period in 1000 at known age from various forms of tuberculosis in the registration area, 1900 to 1904.

Tuberculosis.—Number of deaths per 100,000 of population, 1900 to 1906, in the registration area, registration States, cities, and rural districts.

Tuberculosis.—Average number of deaths in each month in the registration area, 1900 to 1904.

Percentage of deaths from each specified cause by sex and age periods, 1906 (two sheets).

Consumption.—Number of deaths per 100,000 of population among persons ten years of age and upward in specified occupations, 1900.

Female wage-earners ten years of age and upward; death-rates from specified causes per 100,000 of population.

Number of deaths per 100,000 of population from specified causes in the principal occupation groups, 1900.

Consumption.—Number of deaths per 100,000 of population by birthplaces of white mothers in the registration area, 1900.

Consumption—Number of deaths per 100,000 of population in cities and rural districts in the registration States, 1900 and 1890.

Consumption.—Number of deaths per 100,000 of population by color and sex, 1900 and 1890.

Male wage-earners ten years of age and upward; death-rates from specified causes per 100,000 of population.

Consumption.—Proportion of deaths at each age period per 1000 deaths at known ages, 1860 to 1900.

Consumption.—Number of deaths at each period per 1000 at known ages in the registration area, 1890, 1900, to 1906.

Consumption.—Number of deaths per 100,000 of population by conjugal condition and age periods in the registration area, 1900.

Consumption.—Number of deaths per 100,000 of population by age, color, and birthplaces of white mothers, in the registration area, 1900.

Number of deaths per 100,000 of population for cities and rural districts in the registration States, 1900 to 1906.

Sixty years of tuberculosis (all forms) and death-rates per 100,000 of population, and proportional deaths from tuberculosis per 1000, and

deaths from all causes; comparison for United States, Massachusetts, and England and Wales; growth of the registration area in the United States.

Table, registration area, 1906.

Declaration of Congress.

Pamphlets extension registration area (framed collection).

Forms of certificates used for collection of data (mounted on uniform boards, 22 by 28).

Blanks used for compilation of returns by census.

Punching and tabulating machines in operation.

GOVERNMENT PRINTING OFFICE.

Apparatus in illustration of a method of disposing of expectoration in crowded manufactories and workshops, consisting of the disinfection and the removal of sputa of employees without the operator coming in contact with the cuspidors and their contents. The sputa are carried directly into the sewers.

No device or method in connection with this exhibit is patented, and all or any part of it if desired may be freely copied by manufacturers and other persons interested in stamping out tuberculosis and kindred diseases prevalent among wage-earners.

The method of operating this apparatus is demonstrated on the spot, and the full description of its working, printed in three languages, will be found for distribution to the public in the place.

COLORADO.

General Exhibit.

Relief Map of the State in reinforced papier-mâché, covering 186 square feet, made in eight sections on a scale of two miles to the inch; with a special separate exaggeration for each thousand feet rise in elevation. That is:

Feet above sea-level.	Exaggeration.
Below 5,000	15 to 1
From 5,000 to 6,000	10 to 1
6,000 to 7,000	7 to 1
7,000 to 8,000	5½ to 1
8,000 to 9,000	4½ to 1
9,000 to 10,000	4 to 1
10,000 to 11,000	3½ to 1
11,000 to 12,000	3 to 1
12,000 to 13,000	2½ to 1
Above 13,000	2 to 1

Devised by Dr. Charles Denison.

Modeled by H. A. Weicher.

Painted by Charles Partridge Adams to represent "Colorado in September."

Twenty-three Climatic Statistical Maps, graphically illustrating for the whole United States:

(*a*) Temperature for the year and the four seasons.

(*b*) Combined humidity for the year and the four seasons.
(*c*) Average rainfall in inches for the year and the four seasons.
(*d*) Prevailing pleasant weather and rain-bearing winds for the year and four seasons.
(*e*) Annual percentage of cloudiness.
(*f*) The annual proportion of sunshine.
(*g*) Elevation above sea-level.

Special Exhibits.

Sanatoriums.

Cragmore Sanatorium, Colorado Springs.
Model of sanatorium.
Wall space: Floor plan of sanatorium and three pictures.

Modern Woodmen Sanatorium, Colorado Springs.
Bird's-eye view of grounds and institution in a picture.

Nordrach Ranch Sanatorium, Colorado Springs.
Papier-mâché model of sanatorium. Wall table model.
A background showing cliffs 2½ feet high.
Wall picture.

Union Printers' Home, Colorado Springs.
Sample steam-heated and specially ventilated tent of the tuberculosis department. Center table model, 3 feet square.
Wall display photographs and plans in two sets, 12 pictures, each 1½ feet square.

The Agnes Memorial Sanatorium, Denver.
Wall Exhibit:
Crayon picture of sanatorium.
Working plans of sanatorium, buildings, and grounds.
Forty-eight bromid enlargements of subjects, in four sets, 12 each.
Two sets, giving 12 pictures of ocular and cutaneous reactions.
Floor Exhibits:
One wall table model. Dr. Holden's open-air pavilion.
Center-table model. Cross-section showing sanatorium, pavilion, sleeping-rooms, porches.
Exhibit of sanatorium blanks.

National Jewish Hospital for Consumptives, Denver.
Thirteen wall pictures of interior views of the hospital, and plans of the women's pavilion.
One bird's-eye view of the hospital, giving perspective of the buildings and grounds.
One United States map showing statistics and sources of cases treated.
Hospital case records, etc.
One pivoted glass stand giving the hospital literature, rules, and regulations.

Evangelical Lutheran Sanatorium, Denver (Edgewater).
Papier-mâché wall table exhibit, 1 per cent. scale of buildings, tents, etc.

Jewish Consumptives Relief Society Sanatorium, Denver (Edgewater).
Papier-mâché wall table exhibit on a 1 per cent. scale, showing the brick buildings, tents, and grounds.

Y. M. C. A. Health Farm, Denver (Edgewater).
Wall display pictures.

Swedish-American Sanatorium for the Care of Tuberculosis, Bethesda. Denver (Englewood).
Wall book display.

The Colorado Fuel and Iron Company: Hospital and Welfare Departments, Pueblo, Colorado.

A.

Minnequa Hospital, with unique features of special advantage in fighting tuberculosis.

1. Front view of Colorado Fuel and Iron Company Minnequa Hospital, Pueblo, Col. For company and private patients.
2. Front view of Colorado Fuel and Iron Company Minnequa Hospital at Pueblo, Col., showing physicians' residence and a portion of 20-acre grounds.
3. Incline. Section of halls, showing incline instead of stairs or elevators. (See photographs and report of hospital.)
4. Curtain. To take place of all other curtains. Can be closed or opened at the top or bottom, or both. Observe simple and inexpensive fastenings. Washable; rings going through mangle without injury. Either sash can be opened and curtain readily removed so that the wind will not blow it and disturb sleeper.
5. Open shelf and round-top closet. Always open to inspection, and hence must be kept clean. Cannot close eyes to dust and untidiness by closing drawers and doors.
6. Sanitary and noiseless door. Wooden body, covered with canvas and painted. No chance for expansion or contraction. Top and bottom hinge. Self-closing. Observe the hinge beside the model, used on regular door.
7. Dish-towel rack, convenient and sanitary.

B.

Model sanitary houses on unit plan. Specially adapted to prevent tuberculosis in school-children.

1. Front view of model schoolhouse on unit plan at Morley. Colorado, a coal mine of the Colorado Fuel and Iron Company. (See descriptive booklet.) Copies may be had on application to R. W. Corwin, M.D., Pueblo, Col.
2. Front view of proposed model high school on unit plan. For advantages, see descriptive booklet, "The Modern Model Schoolhouse." Copies sent on application to R. W. Corwin, M.D., Pueblo, Col.

INDIVIDUAL EXHIBITS.

Brooks Tent and Awning Co., Denver.
House tent. Center table exhibit.

Carmody, Dr. Thomas E., Denver.
Wall book illustrations of mouth tuberculosis.

Childs, Dr. Samuel B., Denver.
Wall book skiagraphs. (x-Ray tuberculosis pictures.)

Denison, Dr. Charles, Denver.

The Sanitary Cement Block-house. Center table model, with wall display, plans, and illustrations.

The Sleeping Canopy. Center table model. Also illustrating the author's recommended system of ventilation by windows sliding into the wall running on ball-bearing casters.

Immobilization of one-half the thorax by traction plasters. Center table model illustrating the following purposes:

1. To give rest, when that is indicated, to the affected lung in tuberculosis:
   (*a*) To arrest pulmonary hemorrhages.
   (*b*) To contract lung cavities.
   (*c*) To control pleurisy.
   (*d*) In actively progressive disease.
2. To adjust and treat rib fractures.
3. To control movement in pneumonia and pleurisy.

The Inhaler and Exhaler. An adjustable air-pressure pocket device, on the principle of causing exhalation against resistance, designed as an aid in the arrest of pulmonary tuberculosis, *i. e.*,

(*a*) To increase the intrapulmonary air pressure during exhalation (the only time when the pressure can be controlled), and thus oppose passive congestion and disease.

(*b*) To furnish a passive form of pulmonary exercise at will, to be used vigorously two to five minutes every hour or two, and repeatedly, for results in limiting fibrosis and the shrinking tendency of chronic lung disease.

(*c*) To promote normal circulation not only of the blood and air in the lungs, but incidentally of blood in the general system.

(*d*) To furnish means of carrying the disinfectant, germicidal, or soothing effects of vaporizable or volatile oils to the throat, bronchial tubes, and air-cells.

Denver Tent and Awning Co., Denver.

The Denver sanitary portable house tent. Center table model.

Window tent or aërarium. Wall table model.

Kendrick Book and Stationery Co., Denver.

Two panoramas, Colorado views.

Wall book display, ten views of Colorado scenery and health resorts.

Little, Dr. W. T., Cañon City, Colorado.

Three wall book displays of scenic views of Cañon City and vicinity.

Lockard, Dr. L. B., Denver.

Wall book illustrations of throat tuberculosis.

Magruder, Dr. A. C., Colorado Springs.

Wall display of sleeping porches.

Stover, Dr. George H., Denver.

Wall book skiagraphs. (*x*-Ray tuberculosis pictures.)

The Colorado Souvenir Book. For free distribution to the members of the Congress. William N. Beggs, A.B., M.D., Editor. Embracing signed articles specially written for this occasion by Colorado's leading physicians, State officials, historians, etc., upon the health-giving,

industrial, economic, pleasure, and scenic attractions of the State. Embellished by the reissue of "Denison's Climates of the United States in colors," a graphic delineation of 8,000,000 separate signal service observations. Also by half-tone illustrations of Colorado's mountain resort scenery and tourist attractions.

CONNECTICUT.

Collective Exhibit.

Gaylord Farm Sanatorium, Wallingford, Conn.

1. Panorama of buildings.
2. General ground plan.
3. Picture, connected cottages for women.
4. Ground plan connected cottages for women.
5. Picture of shack for men.
6. Ground plan of shack for men.
7. Picture, recreation hall.
8. Ground plan of recreation hall.
9. Side view of grounds.
10. Picture of dairy herd.
11. Picture of patients on admission and on discharge.
12. Week's menu, summer; week's menu, winter.
13. Sample weight charts.
14. Copy of patient's history.
15. Chart after results of treatment.
16. Yearly financial statement.
17. Sample leaves of account books.
18. Set of cards (accounts).

19–24. Pictures of home-built sleeping quarters of ex-patients.

25–28. Models of same.

29. Models of fisher tent.

30–36. Pictures:

Connected cottages for women, rear view.
Superintendent's house.
Avenue and farm-house.
Shack for men.
Employees' house.
Group of patients.
Administration building.

Wildwood Sanatorium, Hartford, Conn.

1. Five views of sanatorium.
2. Floor plan of sanatorium.
3. Kodak pictures taken and mounted by patients.
4. Charts and printed forms used in sanatorium.
5. Daily routine during winter.

Hartford Hospital, Hartford, Conn.

1, 2. Views of tuberculosis ward.

Workingmen's Free Bed Fund, Hartford, Conn.

Descriptive charts of association and its work.

Connecticut State Hospital for the Insane, Middletown, Conn.
1. Descriptive text of institution.
2. Group of pictures of wards, grounds, etc.
3. Group of pictures of laboratory.
4–6. Views of veranda.
7. Pathological exhibit (microscopical slides and gross specimens).

New Haven Hospital, New Haven, Conn.
1–4. Views of special veranda for cases of advanced tuberculosis.

Springside Home (Board of Charities), New Haven, Conn.
Photograph of tuberculosis ward.

New Haven Tuberculosis Dispensary, New Haven, Conn.
Chart descriptive of work.

Board of Health, New Haven.
1. Chart, showing relative prevalence of pneumonia and tuberculosis in New Haven.
2. Health leaflets and ordinances.

Meriden Antituberculosis Association, Meriden, Conn.
1. Circulars for public distribution.
2. Photographs of Undercliff Sanatorium.

Lake View Tuberculosis Pavilion, Bridgeport, Conn.
General view of pavilion.

Board of Health, Bridgeport.
Leaflets and ordinances.

Waterbury Tuberculosis Class, Waterbury, Conn.
Photographs of patients taking the cure at home.

State Board of Health:
1. Chart, number of deaths in the State for twenty-five years.
2. Chart, yearly death-rate for twenty-five years.
3. Chart, deaths from tuberculosis by months.
4. Chart, deaths from tuberculosis by ages.
5. Chart, relative mortality compared with other diseases.
6. Chart, showing laboratory work and sputa examinations.
7. Photograph of laboratory.
8. Chart, showing available beds in State for tuberculosis cases.
9. Chart, showing legislation to date.
10. Chart, showing tuberculosis organizations in the State.

Fairlea Farm, Orange, Conn.
1–10. Photographs showing dairy and production of pure milk.

Vine Hill Farm Co., Elmwood, Conn.
1–12. Photographs:
Barn.
Cows in stable.
Interior stable.
Laboratory.
Office.
Pasture scene.
Sterilizing chest.
Cooler.
Circulation of cooling water.
Milkers.

Pails.
Weighing milk of each cow.

THE DISTRICT OF COLUMBIA.

Exhibit.

1. Map of city of Washington, showing deaths from tuberculosis during the past five years.
2. Chart showing mortality from tuberculosis for twenty-five years.
3. Pathological specimens from guinea-pigs inoculated with milk and butter from a tuberculous cow in the District of Columbia.
4. Pathological material from tuberculous cows.
5. Primer on Prevention of Tuberculosis published by the committee.
6. Plans of new tuberculosis hospital.

Photographs and Plans of the Tuberculosis Hospital in Washington, D. C.:

Designed by George M. Kober, chairman of the Committee on Medical Charities of the Board of Charities of the District of Columbia. Miles F. Day & Bros., Philadelphia, architects.

The hospital is designed for the reception of either advanced cases of tuberculosis or for sanatorium treatment for incipient and moderately advanced cases. The open-air ward or improved roof-garden feature is unique in hospital construction, and originated with Dr. Kober.

Adjustable Hammock-bed. With adjustments can be used as swing, crib, reclining seat, or full-length bed.

Adjustable Table. Attachable to ordinary packing-box makes good back for seat, or, used as table, for reading, writing, etc. Attachable, also, to tent-pole, shelving for books, clothing, etc.

Tripod Attachment. Sticks into the ground, giving table for serving meals on.

Swinging Holder for Liquids. Easily attached, always retaining the liquid in upright position.

Support for Broken Limbs. Sprained ankles, inflamed condition of feet or arms from any cause. Emma J. Hughes, inventor.

Adjustable Chair. Especially adapted for invalids.

Comfort Back-rest. One that supports the back just at the place where support is needed. Mr. J. E. Hanger, inventor.

Gen. George M. Sternberg. Two hygienic tents manufactured by John Boyle & Son, New York, showing method of pitching tents at Starmont Sanatorium, Washington Grove, Maryland. Tent number I contains exhibit of Starmont Sanatorium, consisting of photographs and circulars. Tent number II contains exhibit of Committee on Prevention of Tuberculosis of Washington, D. C. Outdoor exhibit.

A Concrete Cottage for Workmen, to cost $1000, exhibited by model and plans showing perfect ventilation, sanitation, and sun-lighting; representing an example of a house in which perfect health should exist. Designed by Milton Dana Morrill, architect.

Entered by John E. Ruebsam, Dr. M. Th., Washington, D. C.

No. 1. Diaphragm meter and exerciser, or pulley-weight lung

tester, for the cultivation of the respiratory muscles and expansion of the chest.

No. 2. Blow-gun and target, for the opening of the air-passages.

No. 3. Puncture counterirritant to be applied close to the seat of the disease, to reduce the inflammation of the lungs.

No. 4. A selection of muscle-beaters in imitation of the hands of a masseur, to beat the chest front and back, to produce vibration and increase the circulation through the lungs.

ILLINOIS.

Illinois State Board of Health.

State Department of Factory Inspection.

Hospitals for the Insane.

W. C. Zimmerman, Architect, Steinway Hall, Chicago.

Illinois General Hospital for the Insane, Bartonville.

Model of tent colony for tuberculous insane.

Cook County.

1. Cook County Hospital, Department for Advanced Tuberculosis. Six sheets. (Holabird & Roche, architects, Monadnock Building, Chicago.)
2. Cook County Infirmary, Oak Forest, Ill., 21 miles from Chicago on Rock Island R. R. (Holabird & Roche, architects.)
   (*a*) Sketch of general plan.
   (*b*) Six sheets showing detail.

Chicago Department of Health.

Chicago Tuberculosis Institute.

(*a*) 1. Dispensary records.
   2. Photographs of patients treated at home.
   3. Pin map of Chicago, showing dispensary patients.

(*b*) Edward Sanatorium, Naperville, Ill.
   1. Record cards.
   2. Photographs of buildings and grounds.
   3. Photographs of sleeping quarters of discharged patients.

(*c*) Educational leaflets.

(*d*) Record of a year's work.

(*e*) 1. Chart—tuberculosis in a congested district of Chicago. Prepared by Dr. Theodore B. Sachs.
   2. Chart—tuberculosis in the Jewish district of Chicago. Dr. Theodore B. Sachs.

Visiting Nurse Association of Chicago.

(*a*) Photographs of homes where advanced cases are being cared for.

(*b*) Photographs of some methods of preventive work.

(*c*) A map showing the number of advanced cases of tuberculosis cared for in one year.

(*d*) A chart showing the growth of the work in ten years.
(*e*) Literature and printed charts used in the homes.

CHICAGO RELIEF AND AID SOCIETY.

Chart—the burden of tuberculosis on the family.

OTTAWA TENT COLONY (Ottawa, Illinois).

(*a*) Photographs.
(*b*) Records.
(*c*) Charts.

TENT COLONY FOR CONSUMPTIVES.

ILLINOIS GENERAL HOSPITAL FOR THE INSANE, PEORIA, ILL.

The colony consists of fourteen lesser tents, accommodating two patients each, two dormitory tents accommodating ten persons each, two wall tents used as clothes-rooms and dressing-rooms, two sun-parlors with ruby lights, where, in addition to solar heat, the principles of phototherapy are being tested, an office for nurses, a mess tent, a diet-kitchen, and bath- and toilet-rooms.

The colony was established in 1905, and many of its occupants who originally entered it in an advanced stage of tuberculosis are still alive with marked improvement. Many incipient cases were restored to the cottages after a short residence, apparently cured.

The colony is in charge of an assistant physician, who is instructed to employ every medical, hygienic, physical, dietetic, and chemical agency in the treatment of the disease, the opsonic index being the guide where serum therapy is indicated. It shelters forty-eight women, and is an all-the-year-round home, the patients passing through the rigors of the last three winters with little inconvenience. Nine nurses, in relays of three for each eight hours, conduct it admirably, and although patients from every cottage are received in the colony, there has never been a successful escape. It was erected complete at a cost of only sixty dollars per patient, and, in an improved form, has been duplicated for the men, thus giving one hundred patients, or 5 per cent. of our population, the benefit of continuous open-air treatment. An approved diet, based on caloric units, is always at hand, and there has been an instance where a man gained thirty-two pounds in ten weeks, tuberculosis having been demonstrated by the microscope.

The segregation of the consumptives is but one feature of the classification of the patients in this institution, and while it is apparently expensive, the additional expense is lost in the general economy of the institution, which is conducted at a net per capita cost per patient of $136 per annum.

MAINE.

The exhibit is contributed by the State Board of Health, the Maine Sanatorium, at Hebron, and the Maine Association for the Study and Prevention of Tuberculosis.

The State Board of Health contributes: Charts and photographs illustrative and explanatory of the work in the State of Maine for the prevention and cure of tuberculosis, and a statistical exhibit of what has been

accomplished since 1892. An exhibit is also made of the circulars, bulletins, and other publications of the Board relating to tuberculosis which have been issued and distributed since 1889.

The Maine Sanatorium shows charts and photographs illustrative of sanatorium work and of the work on the sanatorium farm and in the sanatorium dairy. A model of one of the sanatorium buildings is shown, and also the sterilizer, dish-washer, and other things in use in the sanatorium; and there is an exhibit of some administrative details.

The Maine Association for the Study and Prevention of Tuberculosis exhibits a model of an "Egyptian shack," which has been erected for the use of patients in Portland, and a collection of charts and photographs.

MARYLAND.

State Board of Health.

12 statistics of tuberculosis.
2 photographs.
2 packages of prophylactic supplies.
2 frames, mounted blanks, circulars, etc.
1 large map of Maryland, stations for tuberculosis sputum.
Large map prophylactic supply stations.
Large map reported cases for 1907.
Chart, expenses of issue of tuberculosis supplies, bacteriological outfits, mailing cases, bottles, etc.
Model, showing tuberculosis law in operation.

Maryland Live-stock Sanitary Board.

Photographs:

Sanitary stable.
Unsanitary stable.
Sanitary dairy.
Unsanitary dairy.
Healthy cow.
Tuberculous cow.
Desirable type of milkman.
Undesirable type of milkman.
Table space for circular.

State Lunacy Commission.

Photographs of exterior and interior of Springfield Hospital for insane (open door). Also tents used by insane patients at Spring Grove. Diagrams of mortality rate among tuberculous insane.

Health Department of Baltimore City.

Maps:

Culture stations in Maryland.
Culture stations in Baltimore.

Cards:

Laboratory record cards.

State laboratory outfits.
City laboratory outfits.
State record cards.

Photographs:

Distribution of supplies.
Machine for examination of milk sediment.
Colonies on plates from milk sediment.
Pus and streptococci in milk.
Disinfection tests.
Frame, cards, and statistical table of fumigations.

Federated Charities of Baltimore.

1. Housing report investigation and code.
2, 3. Statistics of agents' preventive work.
4. Pictures of housing conditions.
5, 6. Dwellings occupied by consumptives.

Federated Jewish Charities of Baltimore.

1, 2. Pictures of hospital. 3. Hebrew Benevolent Society. 4. Council Milk and Ice Fund. 5. Ladies' Sewing Society. 6. Home for consumptives. 7. Home for consumptives.	Funds used for tuberculosis work.

Instructive Visiting Nurse Association of Baltimore.

Charts:

System of reports, charts, etc.
Coöperation with other agencies.
Report of work.
Article on the work.
Four generations of tuberculosis.
The unteachable element.

Pictures:

Two advanced consumptives.
Unsanitary living conditions.
Porch for use by a consumptive.
Butcher shop kept by a consumptive.
Grocery shop.
Four generations of tuberculosis patients.
Laundress with tuberculosis.
Widow with eight children.
Alley showing five houses of tuberculosis.
Advanced case, "arrested."
Home of advanced case.

Posters:

Duties of tuberculosis nurse.
Home occupation of consumptive.
Source of cases.
Houses reported for fumigation.

Number of cases registered by nurses.
Points on or below poverty line.
Objects of nurses' work.
Number of patients on visiting list.
Nurse's bag and fittings.

MARYLAND TUBERCULOSIS SANATORIUM, SABILLASVILLE, MD.

Perspective of institution.
Administration building.
Power-house.
Shacks.
Stable.
Gardener's cottage.
} Architect's drawings.

BALTIMORE MUNICIPAL TUBERCULOSIS HOSPITAL.

Picture of hospital.
Picture of charts.

EUDOWOOD SANATORIUM, TOWSON.

Floor space, model of buildings and grounds.
Wall space, pictures of buildings, charts, etc., with brief statement concerning history and work of sanatorium.

PHIPPS DISPENSARY, THE JOHNS HOPKINS HOSPITAL.

6 frames, nurses' records.
2 charts, used for diagnosis.
2 frames, statistical tables.
18 photographs of work done.
History of Phipps Dispensary.
Records of patients treated.
Showcases—descriptions of nurses' work with models, etc.
Table—model of Phipps' Dispensary.

UNIVERSITY OF MARYLAND TUBERCULOSIS DISPENSARY.

Picture and chart of ward porches, with diagnosis blanks.

SAINT LUKE'S DISPENSARY, BALTIMORE.

Pictures of dispensary, laboratory, etc., and statement of work done.

BARNWELL'S DISPENSARY FOR REMOVABLE PLASTER-OF-PARIS JACKETS AND FREE DAY-SCHOOL FOR DEFORMED CHILDREN, BALTIMORE.

Photographs of comparative jackets, groups of school-children, baby in plaster jacket.
Frame, showing work of pupils.
Frame—three medals on cards.
Table—three plaster-of-paris jackets.
"Gypskorsett."

MARYLAND AGRICULTURAL COLLEGE.

Photographs, charts, tables.
Table—model of cow stable.

Johns Hopkins Medical School.

2174. Extensive tuberculous consolidation of lung with cavity formation.
1956. Lobar caseous pneumonia.
1559. Phthisis florida; extensive cavity.
893. Caseous and gelatinous pneumonia.
1956. Lobar caseous pneumonia. Cavity at apex, with complete consolidation and caseation of remainder of lung.
115. Tuberculous infiltration of lung.
1955. Caseous bronchopneumonia.
2332. Tuberculosis; cavity of lung.
1694. Tuberculosis of bronchial lymph-glands and tuberculosis of lung.
118. Tuberculosis of lungs. Cavities.
1426. Complete caseous consolidation of lung with cavity formation.
1651. Tuberculosis of lung with caseation at hilum.
135. Small tuberculous cavity in lung of cow.
1293. Chronic indurative tuberculosis of lungs.
1676. Chronic and acute pulmonary tuberculosis.
1236. Miliary tuberculosis of lungs with thick tuberculous pleuritis.
1554. Conglomerate and miliary tubercles—lung injected with blue.
1449. Tuberculous ulcers in larynx and epiglottis.
1292. Tuberculous laryngitis.
1169. Encapsulated tuberculous pleuritis.
849. Large solitary tubercles of spleen.
1659. Tuberculous perihepatitis.
382. Multiple tuberculous ulcers of the stomach.
1154. Tuberculous ulceration of ileum.
2069. Phthisis pulmonalis with cavity formation and bronchopneumonia.
1887. Chronic pulmonary phthisis.
2055. Phthisis pulmonalis with much change, obliteration of the vessels.
2290. Tuberculous empyema with great compression of lung.
1979. Large conglomerated tubercles of the spleen.
2247. Early tuberculous ulceration of intestines.
2184. Healed tuberculous ulceration of colon—old specimen.
1706. Tuberculous ulcers of ileum.

University of Maryland.

Specimens:

Acute miliary tuberculous lung.
Tuberculous lung, showing cavity.
Tuberculous bronchopneumonia.
Caseous pneumonia.
Tuberculous kidney.
Miliary tuberculous spleen.
Tuberculous testicle.
Tuberculous peritonitis (intestine).
Tuberculous peritonitis, enlarged glands.
Tuberculous glands of neck.

University of Maryland Medical School.

Tuberculosis of kidney.

Tuberculosis of spleen.
Tuberculosis of intestine.
Tubercular peritonitis.
Tuberculosis of lung.
Tuberculosis of lung.

College of Physicians and Surgeons.

Five rectangular jars illustrating various tuberculous lesions.
Ten rectangular flat plates, illustrating tubercles, cavities, etc.
Two cards of photomicrographs of tubercles, etc.

Baltimore Medical College.

1. Tubercular peritonitis.
2. Tubercular peritonitis.
3. Tubercular knee.
4. Tubercular larynx.
5–7. Tubercular meningitis.
8–27. Tubercular lung.
28–31. Tubercular testicles.
32, 33. Tubercular femurs.
34–36. Tubercular spleens.
37. Tubercular rectum.
38. Tubercular penis.
39. Tubercular liver.
40. Tubercular pericarditis.
41, 42. Tubercular breast.
43. Tubercular bronchopneumonia.
44. Tubercular sinus.
45, 46. Tubercular peritoneum (bovine).
47. Tubercular mesentery (bovine).
48. Tubercular pericarditis (bovine).
49, 50. Tubercular lungs (bovine).
51. Tubercular liver (bovine).
52. Tubercular lymph-glands (bovine).
53. Tubercular spleen (bovine).
54. Tubercular mamma (hogs).

Atlantic Medical College, Baltimore.

Pictures of dispensary, laboratory, etc. Statement of work done.

Maryland State Veterinarians.

6 jars pathological subjects.

Maryland Association for the Prevention and Relief of Tuberculosis.

1. Report of first commission.
2. Report of second commission.

3 and 4. State laws, the passage of which were secured by the first tuberculosis commission.

5. Form used by the first commission to secure data relative to tuberculosis in the State of Maryland.

6. Copy of letter calling the meeting which organized the Maryland association.
7. Printed matter circulated by the association.
8. Consumptives' Golden Rule Card.
9. Circular descriptive of the work of the association (1906).
10. Samples of newspaper stories sent out by the association.
11. "Sputistics" gathered and published in Baltimore.
12. Showing use of backs of street-car transfers.
13. Booklet of information.
14, 15. Reprints circulated by the association.
16. Brochure circulated by the association.
17. Invitations to annual meetings of association.
18. Reprint circulated by the association.
19. Forms of letters of appeal.
20. Forms used in accounting for funds.
21. Organization of two county branches.
22. Organization of two county branches.
23. Poster displayed on Baltimore street-cars in "fence campaign."
24. Card displayed in street-cars in "fence campaign."
25. Letter and booklet sent to selected list in "fence campaign."
26. Letter and inclosures mailed broadcast during "fence campaign."
27–32. Cards displayed in Baltimore street-cars.
33. Educational leaflet for school-children.
34. Educational leaflet for adults.
35, 36. Dodgers advertising meetings.
37–63. Specimen units from the association's traveling educational exhibit.
64–69. Charts from the association's traveling exhibit.
70–74. Photographs, Christ Church Dispensary, Baltimore.
Examining room, Christ Church Dispensary.
Interior view, Christ Church Dispensary.
Examining and weighing patients at Christ Church Dispensary.
Doctor giving instruction and advice to patients at Christ Church Dispensary.
75. Frame—(*a*) History sheet used at Christ Church Dispensary. (*b*) Card used by tuberculosis nurses in reporting cases to association. (*c*) Card given to patients for identification at the dispensary. (*d*) Summary of cases under supervision by the tuberculosis nurses.
76. Book—press clippings.
77. Book—history of tuberculosis movement in Maryland.
78–80. Canvas banners, showing the three divisions of the traveling exhibit.
81. Photograph—secretary speaking to department store employees.
82. Frame, showing some of the locals of organized labor which cooperate with the association.

MASSACHUSETTS.

State Board of Health.

Factory Conditions in Massachusetts.—The following photographs show avoidable and unavoidable sanitary conditions associated with a few selected

occupations, some of which are commonly regarded as being especially conducive to tuberculosis of the lungs.

The Cotton Industry.

Nos. 1–9. Nine large photographs show the main processes of manufacture of a high-grade cotton cloth under sanitarily ideal conditions as to light, heating, dust, humidity, gases, etc.

1. *Opening Room.* Cotton is taken from the bales by the armful and fed into these machines. The employees are men. As seen in the photograph, the feed-boxes are hooded, so that the men are exposed to but little dust from the freshly opened cotton as it is agitated in the hopper. On some machines these feed-boxes are not so hooded.
2. *Picker Room.* Heavy machinery mixes the cotton fiber, beats it, cleans it, and delivers it in even sheets or layers known as laps. The employees are men. In spite of the well-constructed modern picker machines, a considerable amount of fine dust escapes into the workroom—very slight, however, as compared with the amount which escapes from some of the older machines.
3. *Carding Room.* The carding machine further cleans the cotton, and disentangles, straightens, and parallelizes the fibers. The employees are men. The modern carding room is very large and high-studded (*e. g.*, 15 feet), with good-sized window-glass and transoms which are easily opened. It is well lighted and is heated and ventilated by modern means. In some of the rooms are two or more large exhaust fans. The walls and ceilings are clean and white and the floor is kept reasonably clean during working hours. The practical questions to be met in the carding room are two, namely: (1) How to diminish substantially the amount of dust in the room; and (2) how to ventilate the room properly—both to be accomplished in old mills with "reasonable" expenditure.
4. *Combing Room.* Combing still further straightens the fiber and perfects the process of carding. The employees are men. The presence of much dust in the air of this room interferes with the work.
5. *Drawing Room.* Several strands of cotton are drawn into one smaller than any of the others and much more even. The employees are mostly young men.
6. *Roving Room.* The sliver of cotton has now become so small that it must be twisted in order to bear handling. Employees are men and women. Artificial humidity is well regulated in the best mills.
7. *Ring-spinning Room.* After the roving is reduced to the required size of yarn, it goes to the spinning machine. The roving is again elongated, and the fully twisted thread is wound upon bobbins or tubes by rotating on the rapidly revolving spindles. The employees are women, girls, and boys. Except for the continuous noise of the machinery, which is very great, but in an uninterrupted, unvarying tone, and for the loose cotton dust in the air of the room, the spinners in a modern, well-regulated, ring-spinning room work under favorable conditions. Such a room is well ventilated; properly heated; has large windows and transoms which open; clean walls and ceilings; and is lighted by incandescent bulbs. Unhealthy and objectionable

systems for the introduction of artificial moisture may be found in some mills.

8. *Mule Spinning Room.* The filling for the cloth may be spun on frames called "mules." The employees are men and boys. Because of the high temperature in "mule" rooms the men remove their outside clothing and wear undershirts and overalls, while the boys wear short trousers. Generally the men and boys go about the room barefooted, although some wear sandals, slippers, or old shoes.

9. *Weave Room.* The employees are men and women. The hygienic essentials are: (1) Good light evenly distributed; (2) good ventilation; (3) proper regulation of heat and moisture. The conditions, at present unavoidable, which are unfavorable to the workers are: (1) the monotony of tending the machines day in and day out, and (2) the roar and buzz, and the sharp, jerky noise of the machinery, which is deafening, and, to those particularly sensitive, "nerve-racking."

The Boot and Shoe Industry.

Nos. 10–19. Two large and eight small photographs show the processes which are of especial sanitary importance in the boot and shoe industry.

Fine leather dust is irritating to the respiratory tract, and naphtha fumes cause various forms of intoxication, especially in women. One of the large photographs shows a machine for trimming the edges of the sole. This work requires good light, accurate eyesight, considerable skill, and close attention. The process gives rise to varying amounts of dust, the finest of which, in well-equipped factories, is sucked at once into the pipe. The other large photograph shows a portion of a stitching room where cement made of rubber and naphtha is used. In addition to the exposure to the fumes of naphtha, the women and girl employees are not uncommonly found to be working in crowded and inadequately ventilated rooms.

Horn and Celluloid.

No. 20. One large photograph shows a "rub room" where combs and hair-pins are rubbed on rapidly revolving carpet balls with a mixture of sifted coal-ashes and water. The cloudy effect in the picture is due to the dust. The employees are men. The other large photograph shows a "bending" room, where the combs are bent. This work is done by both sexes, but mainly by women and girls. It is bench-work of a not disagreeable kind, although the rooms become considerably heated and the air in winter weather toward night becomes especially dry and foul.

Nos. 21–28. Eight small photographs show the following processes:

1. Polking, which includes blanking and centering flat pieces of horn.
2. Rounding and pointing horn hair-pins.
3. Tumblers, which contain fine pumice stone and water.
4. Coloring the hair-pins.
5. Cutting machine for cutting out the teeth of the celluloid combs.
6. Bottoming saw, used to shape the bottom of the teeth of the combs. Note the glass front to protect the employees' eyes against chips of celluloid.
7. Pointing the teeth by sand wheels or steel burrs.
8. Polishing the combs on rapidly revolving cotton balls with the use of rottenstone and lard oil.

Pearl Button Making.

Nos. 29–33. One large photograph shows the workmen unprotected from pearl dust. Another large photograph shows an effective exhaust blower system. Three small photographs show the following processes:

1. Sawing pearl shell without an exhaust blower system.
2. Facing, grinding, cutting, etc., pearl shells with exhaust blower system.
3. Boring pearl shells.

Stone-cutting.

Nos. 34–38. One large photograph shows the processes of cutting out the stone in the rough by means of a pointed tool, and a machine which is operated with compressed air. The strong blast of air keeps the stone clean, but gives rise to a great amount of dust, as shown in the photograph.

Four small photographs show various processes in stone-cutting, and one type of mask worn by workmen. This occupation is remarkable for its high death-rate from tuberculosis of the lungs.

Iron and Steel Foundries.

Nos. 39–43. Five large photographs show the following processes:

1. Steel grinding. Note the means by which workmen are protected from flying dust. See the enlarged microphotograph of a steel grinder's lung, with particles of steel embedded in the lung tissue.
2. Sand-blast castings. The photograph shows how a sand-blast is used. The cloudiness is due to excessive dust in the shop. Men who do this kind of work are not properly protected, since the helmet does not prevent the inhalation of very fine steel, iron, and brass dust.
3. Grinding on emery stones. The workman uses goggles to protect his eyes from the fine bits of iron.
4. Emery grinding in a steel foundry. Note the adequate system of hoods connected with suction pipes for the protection of employees against dust.
5. Cleaning and smoothing castings by rotating them in a tumbler. Note the suction pipe connected with the tumbler for the removal of fine dust. Compare the small photograph of a cheaper type of tumbler which is not so equipped.

Nos. 44–52. Nine small photographs showing the following processes:

1. Molding cores in an iron foundry.
2. Finishing and molding.
3. Cleaning the castings by means of a stiff wire brush. Note the dust in front of the workman.
4. Chipping castings. A more modern method is to use pneumatic chisels.
5. Grinding on emery stones.
6. Cleaning and smoothing castings by rotating them in a tumbler. Note that the tumbler is in a very dark, dusty room. The workman is exposed to great quantities of dust.
7. Steel grinding.

8. Galvanizing iron. Note the lack of hood or air-shaft for escape of fumes.
9. Dipping castings in acid to clean them for plating.

Chair Making.

Nos. 53–55. One large photograph shows a metal cylinder covered with a composition of sand and glue, like sandpaper, which, revolving fast, gives rise to fine hardwood dust and fine sand, which gradually wears off. Note the absence of any dust-removing device for the protection of employees against dust.

One of the two small photographs shows a similar machine equipped with an exhaust suction pipe for the removal of dust. The other small photograph shows a sandy belt not equipped with apparatus for the removal of dust.

The Jewelry Industry.

Nos. 56–57. One large photograph shows the process of rag wheel buffing in a jewelry shop. Note the adequate protection of employees against dust.

A small photograph shows the process of "bobbing" silverware. The protection against dust is inadequate; note the cylinder at the left of the workman covered with fine dust.

The Lead Industry.

No. 58. A large photograph shows a workman wearing a respirator while working with red oxid of lead and litharge. Note a common form of respirator on exhibition.

Bone.

No. 59. A small photograph shows clouds of bone dust which rise from the pile of bones which two men are shoveling. The great amount of bone dust completely covers the workmen from view.

Brush Making.

No. 60. One large photograph shows a well-equipped exhaust pipe for the removal of fumes in the process of inserting bristles into brush handles.

Broom Making.

No. 61. One large photograph shows a "drum" with nails which combs out the small pieces of broom corn. This process gives rise to considerable irritating dust.

Manufacture of Derby and Felt Hats.

Nos. 62–64. A large photograph shows a revolving copper cone. Fine hairs are blown into the upper part of the inclosure and are deposited in a thin layer on the outside of the perforated cone. Considerable dust gets into the atmosphere in a hat factory in spite of all precautions.

Two small photographs show the processes of shrinking the felts by hand and "pouncing"—the latter consists in smoothing off the rough hairs from the hat, and gives off a great deal of very fine dust.

Samples of Dust.

Nos. 65–85. Twenty-one samples of dust generated in some of the

processes of manufacture above described may be found on exhibition, as follows:

Very fine dust, which occurs in the process of steel grinding (1 sample).

Siftings of sand-blast which have passed through a screen $\frac{1}{100}$ of an inch (see photograph of man wearing a helmet) (1 sample).

Granite dust (1 sample).

Pearl shell dust (1 sample).

Lead dust (1 sample).

Bone dust (1 sample).

Iron dust—

Grinding on emery wheels (1 sample).

Tumbling castings (1 sample).

Leather dust occurring in the shoe industry (4 samples).

Horn and celluloid dust occurring in the hair-pin and comb industry (6 samples).

Felt dust (2 samples).

Wood dust (1 sample).

Microphotographs of Dust.

Nos. 86–94. Nine enlarged microphotographs of dust may be found on exhibition, as follows:

1. Human lung in health. 2. Steel grinder's lung, showing particles of steel embedded in the lung tissue. 3. Lead dust from a printing shop. Type casting. 4. Dust from a fur-brushing machine. 5. Mother-of-pearl. 6. Granite. 7. Iron. 8. Felt. 9. Jute.

The Bakery Industry.

Nos. 95–110. The photographs illustrating the bakery industry show a class of conditions which are not indispensable to the industry.

One large photograph shows an ideal bakery—the room is well lighted, adequately ventilated, neat and clean throughout. On the other hand, another large photograph shows distinctly bad sanitary conditions, all of which are avoidable.

In addition to the two large photographs mentioned, fourteen small ones show both objectionable conditions and conditions which are highly commendable.

STATE SANATORIUM, RUTLAND.

No. 111. 1 model showing grouping of sanatorium buildings, comprising 19 buildings with connecting corridors.

No. 112. 1 model ward D, showing interior of ward and adjoining rooms, ward furnishings, etc.

No. 113. 1 model day camp.

No. 114. Map of sanatorium farm and grounds.

Photographs in Frames.

No. 115. Frame No. 1—3 photographs:

Sanatorium looking west from Central Tree. Sanatorium looking south from standpipe. Lake Muschopauge, looking west.

No. 116. Frame No. 2—6 photographs:

Ward C.—Exterior and interior. Ward L.—Exterior and interior. Ward G.—Exterior and interior.

No. 117. Frame No. 3:
Administration building.

No. 118. Frame No. 4—Exterior views, 6 photographs:
Wards M and A. Service building. South entrance Ward C. Ward D from east. Infirmary. Ward D from west.

No. 119. Frame No. 5—Administration building, 6 photographs:
Superintendent's dining-room. Administration building. Superintendent's living-room. Superintendent's office. Central corridor. Medical record office.

No. 120. Frame No. 6—Service Building, 4 photographs:
Dietitian's store-room. Steward's store-room. Infirmary diet-kitchen. Main kitchen.

No. 121. Frame No. 7:
Ward D, exterior.

No. 122. Frame No. 8:
Ward A, interior.

No. 123. Frame No. 9—Service Building, 6 photographs:
Matron's living-room. Patient's entrance. Main corridor. Reception-room. Officers' dining-room. Patients' dining-room.

No. 124. Frame No. 10—Power plant, 5 photographs:
Pumping-station, Lake Muschopauge. Power-house. Electric lighting plant. Boiler-room. Laundry.

No. 125. Frame No. 11—6 photographs:
Serving-room. Dish-washing room. Diet-kitchen. Bakery. Piggery—exterior and interior.

No. 126. Frame 12—6 photographs:
Laboratory. Minor surgery. Pharmacy. Throat examination. Matron's office. Nurses' reception-room.

No. 127. Frame No. 13—5 photographs:
Men's sputum-room. Crematory outside. Crematory inside. Ward bath-room. Ward lavatory.

No. 128. Frame No. 14—4 photographs:
Matron's quarters. Nurses' reception-room. Group of nurses. Group of attendants.

No. 129. Frame No. 15—6 photographs:
Day-camp scenes. The Naquag. Woodside. Rockside. Hillside. Lake view, interior. Lake view, exterior.

No. 130. Frame No. 16—Recreation, 6 photographs:
Assembly hall, exterior. Two interior views. Pool table. Recreation pavilion, exterior. Card tables.

No. 131. Frame No. 17—Outdoor life, 6 photographs:
Patients' lawn party. Scarlet rambler. Parade of horribles, July 4th. Watching the ball game, July 4th. Patients' ball field. Saturday afternoon.

No. 132. Frame No. 18—6 photographs, 4th of July.
Shoe contest. Wheelbarrow race. Doughnut-eating contest. Three-ward decorations.

No. 133. Frame No. 19—"Taking the Cure," 6 photographs:
Ward E veranda, early April. A March morning. Veranda, C corridor. Women's reception ward veranda. An August morning. The cure in summer.

No. 134. Frame No. 20—Winter scenes, 5 photographs:
Walk through the woods. Winter panorama from standpipe. An ice storm. Road to station. Ice boating.
No. 135. Frame No. 21—6 photographs of sanatorium farm.
No. 136. Frame No. 22—Central Tree and sanatorium.
No. 137. Frame No. 23—One panoramic view of the sanatorium.
No. 137a. Frame No. 24:
Fire drill. Carpenter shop. Camp Muschopauge. Thanksgiving party. Group of attendants. Group of nurses.

Statistical Charts.

No. 138. Chart No. 1—Showing number of patients admitted, daily average population and weekly per capita cost each year, 1899–1907, inclusive.
No. 139. Chart No. 2—Showing conjugal condition of patients admitted.
No. 140. Chart No. 3—Showing occupation of patients admitted classified as outdoor, indoor active, indoor sedentary.
No. 141. Chart No. 4—Showing classified occupations of patients compared with the State Census of 1900.
No. 142. Chart No. 5—Showing percentage of admissions from certain occupations.
No. 143. Chart No. 6—Showing results of treatment in all considered cases—those remaining over one month.
No. 144. Chart No. 7—Showing history of patients subsequent to discharge.
No. 145. Chart No. 8—Showing condition on discharge in each class, incipient, moderately advanced, and far advanced.
No. 146. Chart No. 9—Map of Massachusetts showing number of patients admitted from each county, 1899–1907, inclusive.
No. 146a. Chart No. 10—Climatological data.
No. 146b. Chart No. 11—Miscellaneous forms.

Record Forms in Frames.

No. 147. Frame No. 1—Showing circular of information sent to applicants for admission, examination form, report sent to admitting physician—applicants' admission form, rules, etc.
No. 148. Frame No. 2—Showing method of keeping case records, synopsis of case given with subsequent history and diagrammatic symbols used in recording physical signs.
No. 149. Frame No. 3—Weekly diet sheets, house diet, light diet, etc.
No. 150. Frame No. 4—Forms used in recording purchase and dispensing of food supplies.
No. 151. Frame No. 5—Showing card system of accounts, purchasing and dispensing of household supplies, etc.
No. 152. Frame No. 6—Showing method of keeping patients' accounts, etc.
No. 152a. Frame No. 7—Business office forms.
No. 153. One bound volume of Annual Reports of the Sanatorium, 1897–1907, inclusive, giving the full history of the sanatorium.
No. 154. Building plans.
No. 155. Cabinets demonstrating card system of keeping accounts, records of supplies bought and dispensed, and case records.

Millet Sanatorium.

Established May, 1900.

No. 430. Model of the institution, showing main building and shacks.
No. 431. Frame No. 1—Photographs showing exterior views of main building.
No. 432. Frame No. 2—Photographs of "Shackville."
No. 433. Frame No. 3—Photographs of "Shackville" and panoramic view of the institution.
No. 434. Frame No. 4—Interior view of main building.
No. 435. Frame No. 5—Photographs showing the nurses' home, the nurses, and the patients.
No. 436. Frame No. 6—Views of the gardens, entrance driveway, meadows, and the dairy.
No. 437. Frame No. 7—Chart showing weather conditions at East Bridgewater from May, 1900, to May, 1908. (Rainfall, sunshine, temperature.)
No. 438. Frame No. 8—Chart showing temperature and humidity at East Bridgewater from May, 1900, to May, 1908. Chart showing comparative elevations and distances from the sea of New England and other sanatoriums.
No. 439. Frame No. 9—Chart showing results of treatment at the Millet Sanatorium.
No. 440. Frame No. 10—Typical charts of incipient, moderately advanced, and far-advanced cases at the Millet Sanatorium.
No. 441. Frame No. 11—Photographs showing the Alpha and Omega of outdoor sleeping, with plan of shack.
No. 442. Frame No. 12—Original article describing outdoor sleeping in New England.

Massachusetts State Federation of Women's Clubs.

Nos. 443, 444. Two frames, showing cards, photographs, etc., placed in factories and libraries throughout Massachusetts by this organization.
No. 445. Traveling library of the Massachusetts State Federation of Women's Clubs.

Associated Committees of the Massachusetts Medical Society for the Prevention and Control of Tuberculosis.

Nos. 156–161. Six maps. 1908 annual reports.

Massachusetts Commission on Hospitals for Consumptives.

Nos. 162–171. Plans of proposed hospitals for consumptives.

State Hospital, Tewksbury.

Nos. 172, 173. Pictures of camps.
No. 174. Home-made chair and foot-rest.
No. 175. Main group of buildings.
No. 176. Photograph of men's building for bed cases.
No. 177. Photograph of women's building for bed cases.
No. 178. Photograph of sun-room of women's building.
No. 179. Photograph of approach to women's building.

No. 180. Photograph of home-made chair.
No. 181. Photograph of men's building looking north.
No. 182. Photograph of ward of women's building.
No. 183. Photograph of balcony of women's building.
No. 184. Photograph of ward of men's building.
No. 185. Photograph of ward of women's building.
Nos. 186–189. Plans of hospital.

Danvers Insane Asylum.

No. 190. Plans and description of the building; window ventilation shown.
No. 191. Views of the wards.

Boston Consumptives' Hospital.

No. 192. Large sign, "Boston Consumptives' Hospital Department."
Nos. 193–198. Legends describing the work for the Boston Consumptives' Hospital; the buildings at Mattapan; out-patient nursing department; day camp; disposition of cases in Boston.
No. 199. Diagram showing campaign against tuberculosis in the city of Boston.
Nos. 200–202. Signs revealing by means of charts and tables the work of the out-patient department.
No. 203. Architect's drawing in colors, showing block plan of hospital site at Mattapan.
No. 204. Architect's perspective drawing of ward building of hospital at Mattapan.
No. 205. Architect's drawing in brown print, floor plan of ward building.
No. 206. Architect's drawing in brown print, floor plan of day camp.
No. 207. Architect's drawing in brown print, floor plan of cottage.
No. 208. Architect's drawing, elevation of ward building.
No. 209. Engineer's drawing, heating and ventilating of ward building.
Nos. 210–217. Frames—specimen histories used at day camp; charts showing death-rate in Boston from 1846; photograph of day camp; six views of day camp, showing patients; specimen histories of the out-patient department; interior views of out-patient department; architect's perspective drawing of cottage ward; exterior view of out-patient department, showing nurses carrying Christmas baskets to patients' homes.
No. 218. Large poster setting forth danger from spitting, especially concerning consumption, put on 200 billboards throughout the city during the spring of 1908.
No. 219. Series of six tin signs, educational in nature, and setting forth the danger from promiscuous spitting—mode of spread of consumption.
No. 220. Model of day camp.
No. 221. Model of ward building.
No. 222. Adjustable sanatorium chair designed for use in the Boston Consumptives' Hospital.
Nos. 223–230. Samples of yearly report, four in number, attached by chains to mounted copies of pamphlets attached in same manner.
Pamphlets showing in details facts given on large poster and sign to all male voters in the city of Boston.

Copies of the second annual report of the consumptives' hospital department.
Elevation of ward building and day camp.

BOSTON ASSOCIATION FOR RELIEF AND CONTROL OF TUBERCULOSIS.

No. 231. Annual reports, circulars distributed, geographical distribution of tuberculosis in Boston, day camp report, directory of institutions and resources for those having tuberculosis.
No. 232. Distribution of tuberculosis in different trades, and literature.
No. 233. Comparative statement of the treasurer, 1904–1907.
No. 234. Record forms.
No. 235. Charts showing results of supplementary examinations of members of families in which there is a case of tuberculosis.
No. 236. After-care for tuberculosis patients.
No. 237. Comparative table showing cost for first three-day camp sanatoriums.
Nos. 238–242. Five photographs taken at the first-day camp sanatorium.
No. 243. Day sanatorium statistics, 1907.
No. 244. Schedule and photographs showing first school of outdoor life for tuberculous children.
No. 245. Colored bird's-eye view of school of outdoor life for tuberculous children.
No. 246. Model of day sanatorium, Parker Hill.
No. 247. Map showing Boston association's traveling exhibit stations and attendance.
Nos. 248, 249. Exhibition literature.
No. 250. Chart showing extent of free lecture system.
No. 251. Catalogue of Boston association's traveling library on tuberculosis; views of traveling tuberculosis exhibit.
No. 252. Phonograph.
No. 253. Diagram showing extent and character of organized effort against tuberculosis in Massachusetts.
No. 254. Chart showing voluntary care of all patients applying to the Rutland Sanatorium examining clinic.
No. 255. Summary of work done by association's nurses.
No. 256. Map of ward 13, showing distribution of cases of tuberculosis in houses during the last eight years.
No. 257. Map showing geographical distribution of deaths from tuberculosis in Boston.
No. 258. First tuberculosis survey.

Children's Exhibit.

No. 259, 260. Two signs showing principles of hygiene.
No. 261. One frieze showing summary of a year's work in hygiene with children four to seven years of age in paper cutting.
No. 262–267. Six charts showing principles of hygiene, cleanliness, pure air, sunlight, exercise, and esthetics.
Nos. 268–273. Six cards explanatory of charts showing principles of hygiene, cleanliness, pure air, sunlight, etc.
Nos. 274–279. Six written lessons on same by children eleven years old.

Nos. 280–282. Three exhibits of work done.
Nos. 283, 284. Two photographs of children's games.
Nos. 285–295. Eleven exhibits of work performed in furnishing model rooms, utensils used in construction, model of window tents, etc.
Nos. 296, 297. Books and lessons in candy making by children.

Boston Dispensary.

Nos. 298–302. Five charts showing types of work and results.

Suburban Tuberculosis Classes of the Massachusetts General Hospital, Boston.

No. 303. Chart showing diagnosis of cases treated at the Suburban Tuberculosis Classes.
No. 304. Photograph of the class.
No. 305. Charts.
No. 306. Home record book of patient.
No. 307. Sample of records kept of patients.
No. 308. Pin map showing residences of patients.
No. 309. Chart showing aims and statistics of the classes.
No. 310. Folder containing reports.
No. 311. Folder containing reprints.

Emanuel Church Tuberculosis Class, Boston.

Nos. 312, 313. Two plaster models.
Nos. 314–317. Four photographs.
Nos. 318–328. Eleven frames of statistics, charts, records, etc.
No. 329. Scrap-book.
Nos. 330, 331. Two press-board covered books of records.

Boston District Nursing Association.

Nos. 332–334. Three photographs showing patients.
No. 335. One frame showing six views of the work of district nurses.
No. 336. One frame showing a study of social statistics of discharged Rutland Sanatorium patients.
No. 337. Glass case containing articles for nursing work.
No. 338. Framed slips of the Board of Health showing methods of district nurses' coöperation, fumigation of house of patient before new tenant moves in.
No. 339. Model showing district nurse assisting at dispensary for examination of patients; nurse at patient's tenement home; possibilities of same tenement room.
No. 340. Photograph of returned Rutland patients.

Free Home for Consumptives, Dorchester.

No. 341. Views of the home.

St. Monica's Home, Roxbury.

No. 342. Views of wards and grounds.

Cullis Consumptives' Home, Dorchester.

No. 343. Photograph of home.
No. 344. Reports of institution.

Long Island Hospital and Almshouse, Long Island, Boston.

No. 345. Description of the institution.
Nos. 346, 347. Records and charts of patients.
No. 348. Photographs of consumptives' ward and premises.

The Dental Hygiene Council, Boston.

Exhibit consisting of photographs, charts, pathological specimens, statistics, etc., showing the relation between oral hygiene and tuberculosis.

Boston University.

Exhibit illustrative of the various forms of tuberculosis in man and in certain of the lower animals, showing the various stages of the disease as it affects different organs and structures. The entire collection is mounted according to the gelatin method, as devised by this institution, preserving thereby the normal colors indefinitely.

Human Tuberculosis.

Pulmonary:

1. Incipient form. Two small areas in apex.
2. Incipient form. Larger area of consolidation.
3. Early form. Consolidation in apex.
4. Slightly more advanced form, showing numerous miliary tubercles.
5. Miliary tubercles along lower border of lobe.
6. Aggregation of tubercles in and near apex.
7. Large areas of consolidation in the interior.
8. Numerous tubercles scattered irregularly throughout the upper lobe.
9. Large numbers of tubercles coalescent.
10. Extensive caseation.
11. Almost complete consolidation of upper lobe.
12. Beginning cavity formation.
13. Complete consolidation with cavity formation.
14. Tuberculous bronchopneumonia.
15. Tuberculous pneumonia. Complete consolidation.
16. Miliary tuberculosis with pleurisy.
17. Miliary tuberculosis.
18. Miliary tuberculosis. Thickened pleura.
19. Miliary tuberculosis.
20. Pulmonary abscess.
21. Normal lung.
22. Consolidation of upper lobe.
23. Consolidation of upper lobe. Early caseation.
24. Consolidation of upper, middle, and part of lower lobes. Caseation. Chronic pleuritis.
25. Early cavity formation in apex. Caseation.
26. Complete consolidation. Cavity formation. Many individual tubercles.

27. Cavities in apex and in lower lobe.
28. Large cavity in apex. Numerous smaller cavities. Chronic pleuritis.
29. Upper lobe practically entirely destroyed by caseation and cavity formation. Several smaller cavities. Much thickened pleura.
30. Complete destruction of upper lobe. Numerous tubercles undergoing caseation.
31. Complete consolidation. Small hemorrhages. Chronic pleuritis.
32. Fatal hemorrhage.
33. Complete consolidation. Extensive fibrosis.
34. Tuberculous lobular pneumonia.
35. Miliary tuberculosis involving upper and lower lobes.
36. Miliary tuberculosis also showing anthracosis.
37. Miliary tuberculosis.
38. Miliary tuberculosis.
39. Pulmonary abscess.
40. Ulceration of vocal cords and epiglottis.

Liver:

41. Miliary tuberculosis.
42. Amyloid liver due to tuberculosis.
43. Miliary tuberculosis.
44. Amyloid liver due to tuberculosis.

Spleen:

45. Multiple areas of infection.
46. Single area of caseation.
47. Three coalescent caseating areas.
48. Miliary tuberculosis.
49. Great enlargement of the spleen due to very extensive tuberculous foci.
50. Miliary tuberculosis showing perisplenitis.
51. Complete destruction of one end of the organ.
52. Splenic involvement in diffused tuberculosis.
53. Amyloid spleen due to tuberculosis.
54. Aymloid spleen due to tuberculosis.

Alimentary Tract:

55. Tuberculosis of intestine.
56. Tuberculous ulcer of intestine.
57. Tuberculous ulcer of intestine.
58. Tuberculosis of ileum showing numerous ulcers.

Kidney:

59. Two caseous areas in renal substance.
60. Tuberculosis involving both kidney and renal pelvis.
61. Extensive involvement of the entire kidney and renal pelvis.
62. Numerous foci of caseation with atrophic changes in the kidney.
63. Caseated area involving upper end of kidney. Small area near surface of other side. Specimen shows hemorrhagic area due to operative interference.
64. Extensive caseation of one end of the kidney with diseased areas elsewhere.
65. Complete destruction of renal substance. Very extensive caseation.

66. Involvement of kidney, renal pelvis, ureter, bladder, and prostate gland.

Fallopian Tubes:

67. Pyosalpingitis with miliary tubercles.
68. Pyosalpingitis. Numerous miliary tubercles upon peritoneal surface.

Ovary:

69. Several irregular areas of caseation visible in the much enlarged solid ovary.

Testicle:

70. Early caseating areas in epididymis.
71. The disease involves particularly the epididymis, which is completely destroyed. Tubercles are demonstrable in the testicular substance.
72. Testicle enlarged and showing irregular areas of caseation. Epididymis somewhat involved.
73. Epididymis and contiguous parts much enlarged, with considerable caseation.
74. Complete destruction of the testicle and epididymis by extensive caseation.

Skin:

75. Lupus involving the skin in the submammary region.
76. Lupus involving the skin of scrotum.

Lymphatic System:

77, 78. Group of lymph-nodes showing various stages of the disease.
79. Cervical lymph-nodes showing enlargement and caseation. Normal relations preserved.
80. Sections showing coalescent cervical lymph-nodes.
81. Extensive caseation of lymph-node.
82. Diseased lymph-nodes, showing in one instance the result of surgical interference.

Bones:

83. Tuberculosis of head of tibia.
84. Tuberculosis of patella.
85. Tuberculosis of lumbar vertebræ.
86. Tuberculosis of lower end of femur.
87. Tuberculosis of head of humerus.
88. Shaft of femur removed for extensive osteomyelitis.

Brain:

89. Tuberculous meningitis showing extensive purulent exudation and some few tubercles.

Bovine Tuberculosis.

Beef—Pulmonary:

90. Section of lung showing extensive areas of consolidation.
91. Section showing lungs and part of trachea of calf with adjoining lymph-nodes enlarged and diseased.
92. Large triangular area of consolidation and degeneration present in the pulmonary substance.
93. Surface of lung showing tuberculous masses protruding from beneath the pleura.

94. Massive tubercle formation as seen from the surface.
95. Same as above. Interior appearance.

Lymphatic System:

96. Extensive caseation of lymph-node.
97. Bronchial lymph-node greatly enlarged and degenerated.
98. Mesenteric lymph-node showing enlargement, degeneration, and caseation.
99. Group of tracheal glands showing various stages of disease.
100. Single cervical glands enlarged and caseous.
101. Group of mesenteric glands coalescing into a single elongated mass.
102. Tuberculosis of tracheal lymph-nodes, also showing pulmonary congestion.
103. Two much enlarged mediastinal glands showing different stages of disease.

Liver:

104. Tubercles as seen from the surface.
105. Tubercles as seen on section.
106. Section of liver showing five tuberculous areas in various stages of degeneration.
107. Two large fibrous areas merging gradually into the surrounding tissue.

Pleura:

108. Massive tuberculous deposits in the pleura.

Diaphragm:

109. Massive tuberculous deposits upon the diaphragm.
110. Tuberculous deposits upon the diaphragm.

Bone:

111. Tuberculosis of the knee-joint showing fibrosis, caseation, and calcification.

Hog—Pulmonary:

112. Section of lung showing numerous aggregations of tubercles interspersed with normal tissue.
113. Section showing disease of the bronchial lymph-nodes and apex of lung.
114. Specimen showing trachea, esophagus, and aorta surrounded by enlarged lymph-nodes and adjoining a section of lung with miliary tubercles.
115. Large numbers of tuberculous areas as seen from pleural surface.
116. Specimen showing row of tubercles along the border of the lung.
117. Section showing trachea, esophagus, aorta, enlarged lymph-nodes, and early pulmonary disease.
118. Consolidation of apex with slight cavity formation.
119. Consolidation of apex enlarged, and caseous lymph-nodes.
120. Section of trachea and diseased tracheal lymph-nodes.

Liver:

121. Cross-section. Solitary tubercle.
122. Numerous miliary tubercles as seen from the surface.
123. Cross-section of above liver.
124. Minute miliary tubercles in the lower border of the liver.

125. Accumulation of a number of tubercles along the lower border of the left lobe.
126. Miliary tuberculosis. Internal and external appearance.

Spleen:

127. Section of spleen showing numerous tubercles in various stages of development.
128. Surface of above spleen.
129. Spleen very greatly enlarged by large numbers of massive tuberculous areas.
130. Surface of spleen showing two small tubercles.
131. Interior of the above.

Serous Membranes:

132. Proliferating growth from pleura containing many minute tubercles.
133. Greatly thickened pleura due to tuberculosis.
134. Diaphragm with tuberculous masses.
135. Section of thoracic wall showing tuberculous pleuritis.
136. Diaphragm showing tuberculous deposits.

Lymph-nodes:

137. Mesenteric lymph-nodes, mesentery, and small intestine.
138. Diseased lymph-nodes from the vicinity of the liver.

Guinea-pig—Liver:

139. Few foci.
140. Numerous foci with caseation.

Spleen:

141. Few miliary tubercles.

Rabbit:

142–144. Specimens illustrative of the disease in various organs.

Chimpanzee:

145–148. Specimens illustrative of the disease in various organs.

Cultures:

149. Human tuberculosis upon glycerin-agar.
150. Human tuberculosis upon Dorset's egg-medium.
151. Bovine tuberculosis upon glycerin-agar.
152. Bovine tuberculosis upon Dorset's egg-medium.

Corrosion Anatomy Specimens:

153. Normal lung.
154. Incipient tuberculosis.
155. Advanced tuberculosis.
156. Cavity formation.

Tissue Transparencies:

157. Normal lung.
158. Incipient tuberculosis.
159. Advanced tuberculosis.
160. Cavity formation.

Worcester City Hospital Dispensary.

No. 349. Charts and views of the clinic at the Worcester City Hospital Dispensary.

Cambridge Board of Health.

No. 350. Chart showing distribution of cases of tuberculosis reported to the Cambridge Board of Health during 1905, 1906, and 1907.
No. 351. Chart showing distribution of deaths from tuberculosis reported to the Cambridge Board of Health during 1905, 1906, and 1907.
No. 352. Chart showing death-rate from 1851 to 1907.
No. 353. Picture of ward building day camp for tuberculous patients at Cambridge.
No. 354. Day building for tuberculosis out-patients contagious hospital.
No. 355. Plan of buildings for permanent tuberculosis out-patients contagious hospital.

Cambridge Antituberculosis Association.

No. 356. Summary of five years with the tuberculosis problem in Cambridge, Mass.
No. 357. Statistics regarding patients cared for by the association.
No. 358. Map showing the location of cases of tuberculosis.
No. 359. Annual reports and letters.
No. 360. Association's literature for free distribution.
No. 361. Program and printed matter used in advertising tuberculosis exhibition.
No. 362. Exhibition prize paper and extracts from other competitors.
No. 363. Samples of records kept by association.

Burnitol Manufacturing Co.

No. 364. Manufacturers of Burnitol paper sputum cups.
No. 365. Burnitol paper cuspidor.
No. 366. Burnitol paper pocket sputum flask.
No. 367. Purifold aseptic paper drinking-cup.

Portuguese League for Assistance to Consumptives, New Bedford.

No. 368. Photographs and charts showing methods and results of treatment.

Springfield Association for the Prevention of Tuberculosis.

No. 369. Photographs of dining and rest tents, numbers 1 and 2.
No. 370. Administration building and general views.

Lawrence Antituberculosis League.

No. 371. Patients' charts.
No. 372. Views of the day camp and literature.
No. 373. Plan of bungalow.

Holyoke Association for the Prevention and Relief of Tuberculosis.

No. 374. Literature.
No. 375. Weekly report of tuberculosis class.
No. 376. Photographs of camp.
No. 377. Home treatment and tent costing less than $1.00.

Tuberculosis Committee of the Associated Charities, Malden.

No. 378. Report of the committee, photographs, and literature.

Haverhill Antituberculosis Association.

Nos. 379, 380. Sleeping arrangements.
No. 381. Model for balcony used in this city.

Tuberculosis Committee of the Associated Charities, Salem.

Nos. 382, 383. Photographs of tuberculosis day camp at Salem Willows.

Fitchburg Society for the Control and Cure of Tuberculosis.

No. 384. Literature.
Nos. 385–387. Views of sleeping arrangements.
No. 388. View of patient and description of case.
No. 389. Sleeping arrangements and literature.

Brookline Day Camp.

Nos. 390–393. Brookline day camp starting-point. In the grove. Outdoor dining-room. End of route.

House of the Good Samaritan.

No. 394. Plan of the buildings.
No. 395. Day camp statistics.
No. 396. Methods of sitting out of doors.
No. 397. Balcony.
No. 398. Solarium.
No. 399. Children's ward.
No. 400. Chapel.
Nos. 401–404. Views of day camp.
Nos. 405, 406. Photographs of House of the Good Samaritan.
No. 407. Model.
No. 408. Sputum cups and bag.

Channing Home.

Nos. 409, 410. Views of the ground plans.
Nos. 411, 412. Photographs of exterior of old and new home.
Nos. 413, 414. Photographs of interior of old and new home.

Sharon Sanatorium.

No. 415. Plan of the sanatorium.
No. 416. Sectional model of wing of sanatorium showing sleeping balconies.
Nos. 417, 418. Photographs, "Sun bath in winter"; "On piazza."
Nos. 419–421. Charts.
No. 422. Medical report, 1907.
No. 423. Literature.
No. 424. Subsequent histories, 1907.
Nos. 425–429. Views of the patients and sanatorium.

MICHIGAN.

Exhibit by Dr. Aldred S. Warthin (of the University of Michigan, Ann Arbor, Mich.) on the Pathology of the Placental Transmission of Tuberculosis.

Pictures.

1. *Tuberculosis of the Placenta.* Very early tuberculous lesion in the decidua. Area of karyorrhexis and beginning necrosis. In this area numerous tubercle bacilli were found. Mother had chronic tuberculosis of kidney with acute miliary tuberculosis in seventh month of pregnancy.
2. *Tuberculosis of the Placenta.* Decidual tuberculosis. In the upper field area of early stage of karyorrhexis and necrosis due to the presence of tubercle bacilli. In the lower field edge of larger area of more advanced tuberculous necrosis.
3. *Tuberculosis of the Placenta.* Decidual tuberculosis. Areas of necrosis, and thrombosis of decidual sinuses produced by tubercle bacilli. No epithelioid or giant-cells. Tuberculous necrosis without tubercle formation.
4. *Tuberculosis of the Placenta.* Tuberculosis of the decidua. Area showing various stages of tuberculous necrosis of the decidua. These areas contained pure growths of tubercle bacilli. Mother had chronic tuberculosis of kidneys and acute miliary tuberculosis in the seventh month of pregnancy.
5. *Tuberculosis of the Placenta.* Tuberculosis of chorion. In the middle of the section just below the fiber there is an interchorionic agglutination thrombus containing numerous leukocytes. In this thrombus numerous tubercle bacilli were found. It was attached in one place to a chorionic villus, the syncytium at point of attachment being necrosed.
6. *Tuberculosis of the Placenta.* Tuberculosis of chorion; beginning formation of an intervillous tubercle, agglutination thrombus attached to a villus. Into this thrombus some epithelioid cells have passed from the stroma of the villus. Mother had acute miliary tuberculosis in the seventh month of pregnancy.
7. *Tuberculosis of the Placenta.* Tuberculosis of chorion; intervillous agglutination thrombus, caused by tubercle bacilli, containing one characteristic giant-cell. Early stage of interchorionic tubercle.
8. *Tuberculosis of the Placenta.* Tuberculosis of the chorion. High-power magnification of intervillous agglutination thrombus caused by tubercle bacilli, showing one characteristic giant-cell with peripherally arranged nuclei. Outlines of the red blood-cells making up the mass of the thrombus may be seen. Contained many tubercle bacilli. Mother had acute miliary tuberculosis in seventh month of pregnancy.
9. *Tuberculosis of the Placenta.* Tuberculosis of chorion. In the right-hand portion of the photograph are two large intervillous agglutination thrombi caused by tubercle bacilli. In the lower one a characteristic giant-cell can be seen arising from the stroma of the villus, the syncytium of which is entirely lost. Acute miliary tuberculosis of mother in seventh month.

10. *Tuberculosis of the Placenta.* Tuberculosis of chorion. In the middle of the field a tuberculous agglutination thrombus is becoming converted into a tubercle through the replacement of the thrombus by epithelioid cells and giant-cells arising from the stroma of the villus, the syncytium of which is entirely gone. Shows very clearly the formation of the intervillous tubercle. Acute miliary tuberculosis of mother in seventh month.
11. *Tuberculosis of the Placenta.* Tuberculosis of the chorion. Just at the left of the center field an intervillous tubercle situated on a villous shows secondary caseous necrosis following the conversion of an intervillous agglutination thrombus into a tubercle.
12. *Tuberculosis of the Placenta.* Tuberculosis of chorion. Intrachorionic tubercle. In the center of the villus in center field there is a characteristic giant-cell with peripherally arranged nuclei and a small area of necrosis of the stroma. In the necrosed spot just below the giant-cell numerous tubercle bacilli were present. The villus showed no lesion of its syncytium and no thrombus upon the latter. Early stage of intrachorionic tubercle.
13. *Tuberculosis of the Placenta.* Tuberculosis of the chorion. In the right portion of the field is a large intrachorionic tubercle, showing a large characteristic giant-cell.
14. *Tuberculosis of the Placenta.* Tuberculosis of chorion. Large intrachorionic tubercle; the stroma of the villus being replaced by epithelioid and giant-cells, with secondary caseation.
15. *Tuberculosis of the Placenta.* Tuberculosis of chorion. The villus branching from the chorionic stem shows large central area of necrosis with surrounding zone of epithelioid cells. Late stage of intravillous tubercle.
16. *Tuberculosis of the Placenta.* Tuberculosis of chorion. Intravascular chorionic tuberculosis. In the vessel in the chorionic stem in the left center field there is a dense agglutination thrombus, which contained many tubercle bacilli, and was attached to the intima in one place, where the latter showed beginning necrosis. Early stage of tuberculosis in the fetal blood-stream.
17. *Microphotographs by Dr. A. S. Warthin.* Varieties of tuberculous lesions of the chorion.
18. *Illustrations to Research by Dr. Warthin on the Pathology of the Placental Transmission of Tuberculosis.*
19. *Museum Specimen. Congenital Tuberculosis. Alcohol Preparation.* Fetus, born dead in seventh month. Liver contained many virulent tubercle bacilli. Mother had chronic renal tuberculosis with acute miliary tuberculosis. Placenta showed all stages of tuberculous lesions.
20. *Museum Preparation. Formalin.* Tubal pregnancy, fourth month. Tuberculosis of tube, placenta, and cord. Tubercle bacilli in fetal liver.
21. *Museum Preparation. Kayserling.* Uterus from case of abortion in second month. Uterus wall and decidua show advanced tuberculosis on microscopical examination.
22. *Museum Preparation.* Formalin. Placenta full-term, from mother, showing well-advanced pulmonary tuberculosis. Microscopically placenta shows scattered early lesions of tuberculosis. Not visible to naked eye.

23. *Photograph of Museum Preparation No.* 19. Fetus, born dead in seventh month. Liver contained many virulent tubercle bacilli. Mother had chronic renal tuberculosis with acute miliary tuberculosis. Placenta showed all stages of tuberculous lesions.
24. *Photograph of Museum Preparation No.* 20. Tubal pregnancy, fourth month. Tuberculosis of tube, placenta, and cord. Tubercle bacilli in fetal liver.
25. *Photograph of Museum Preparation No.* 21. Uterus from case of abortion in second month. Uterus wall and decidua show advanced tuberculosis on microscopical examination.
26. *Photograph of Museum Preparation No.* 22. Placenta, full-term, from mother showing well-advanced pulmonary tuberculosis. Microscopically placenta shows scattered early lesions of tuberculosis. Not visible to naked eye.
27. *Advanced Primary Tuberculosis of Endometrium.* History of abortion. Placenta not secured.
28. *History Primary Tuberculosis of Ovary.* History of abortion. Placenta not secured.
29. *Tuberculous Placenta.* Mother died of advanced pulmonary tuberculosis one week after premature birth in eighth month. Infant lived but a few days. Areas of tuberculous necrosis in decidua on microscopical examination.

DETROIT BOARD OF HEALTH.

1. *Photographs:*
   (*a*) General view of tent houses.
   (*b*) Individual tent house.
   (*c*) Individual tent house with patients.
   (*d*) Nurses in uniform.
   (*e*) Interior of tent house, advanced case in bed.
   (*f*) Entrance view to administration building.
   (*g*) A corner of dining-room.
   (*h*) Interior view of kitchen.
   (*i*) View of ward in infirmary.
   (*j*) View of nurses' room in infirmary.
   (*k*) Exterior of Board of Health building.
   (*l*) Interior view of tuberculosis clinic room.
   (*m*) Interior view of waiting-room (tuberculosis clinic), with some of the patients.
2. *Sample Blanks of—*
   (*a*) Temperature, pulse, and respiration chart.
   (*b*) Weight chart.
   (*c*) History chart.
3. *Literature:*
   (*a*) Rules and regulations for patients at sanatorium.
   (*b*) Rules and regulations for nurses.
   (*c*) Rules and regulations for patients and friends at home, distributed at tuberculosis clinic, Board of Health building.
   (*d*) Blanks used for egg orders for clinic patients.
   (*e*) Blanks used in connection with sample of sputum sent to Board of Health for examination.

4. *Utensils:*
   (*a*) Bottles sent out from Board of Health for collection of sputum samples.
   (*b*) Sputum cups used in sanatorium.
   (*c*) Sputum boxes given to clinic patients.
5. *Miscellaneous:*
   (*a*) "Don't Spit" signs posted in street-cars.
   (*b*) "Don't Spit" signs posted in public buildings.
   (*c*) "Don't Spit" signs posted on street-corners.

Grand Rapids Antituberculosis Society.

The exhibit of the Grand Rapids Antituberculosis Society consists of the following:

Over twenty charts and photographs showing that during its existence of three and one-half years it has assisted in the passing of the Anti-spitting Ordinance in Grand Rapids; in securing free examination of sputum by the city bacteriologist; delivering lectures to between fifteen and twenty thousand people; in establishing The Michigan State Sanatorium at Howell and the Grand Rapids City Sanatorium, and the reporting of cases of tuberculosis to the Board of Health by the physicians of the city.

Several photographs show the tuberculosis dispensary, patients, doctors, nurses, etc.

One chart shows number of deaths from tuberculosis of lungs per 100,000 population in 15 cities of the United States.

One chart shows number of deaths from tuberculosis of lungs in a number of States for the year 1906.

One chart shows details of treatment of consumption.

One chart shows its prevalence.

One chart shows that tuberculosis is a curable disease.

One chart shows that in the three years preceding the formation of the Grand Rapids Antituberculosis Society there were 307 deaths from consumption, while in the three years since its formation the number of deaths diminished to 73, while in the State at large the number of deaths increased.

Grand Rapids Board of Health.

Large water-color drawing, in frame, of contagious disease hospital grounds, showing location of tuberculosis shack (Eugene Goebel, artist).

Specimen charts (6) showing the style of charts used by the Board of Health, and the temperature curves of six patients.

Large bromid photographs of buildings on the grounds, showing beginning of the work and the growth from one patient in the tent, and the various styles and size of shacks up to the present new shacks established by the Board of Health for permanent use.

Picture of pathological specimens (large tubercles) taken from apparently healthy Jersey herd, to show the work of the Board of Health in tuberculous cattle.

Pictures of outdoor sleeping quarters showing patients in hammocks as well as large group of patients, etc.

Chronological table, showing the beginning and growth of the work in Grand Rapids, as done by the Board of Health.

Antituberculosis Society of Kalamazoo.

Photographs representing a colony two weeks old as follows:

Shack accommodating four patients.
Ottawa tents, accommodating two patients and nurse.
Recreation tent.
Kitchen and dining-tent.
Cook and storage tent.

Ionia Reformatory.

A paper-bound book, containing photographs and description of the Tuberculosis Hospital, rules governing the sanitation of ward and patients; statistics regarding cases treated in this institution for a period of one year, ending May 1, 1908.

MINNESOTA.

Group A. Architectural Drawings.

1. Elevation of State Sanatorium for Consumptives, Walker, Minn. (Colored.)
2. First-floor plan, State Sanatorium for Consumptives, Walker, Minn.
3. Elevation of tuberculosis pavilion in connection with State Hospital for the Insane, St. Peter, Minn. (Colored.)
4. First-floor plan tuberculosis pavilion in connection State Hospital for the Insane, St. Peter, Minn. (Colored.)
5. Front elevation and north end elevation, Thomas Hospital for treatment of advanced tuberculosis, Minneapolis, Minn. (Colored.)
6. Rear elevation and south end elevation, Thomas Hospital for treatment of advanced tuberculosis, Minneapolis, Minn. (Colored.)
7. Foundation plan of same.
8. First-floor plan of same.
9. Second-floor plan of same.
10. Roof-plan of same.
11. Sundry details of same.
12. Perspective colored drawing of the superintendent's cottage, State Sanatorium at Walker, Minn.

Group B. Photographs of Hospitals and Camps.

1. Six views of Christian Free Tuberculosis Camp, Minneapolis, Minn.
2. Minneapolis Board of Charities and Corrections, institutional provision for tuberculosis.
   Two views of Hopewell Park Pavilion (accommodating 20).
   Three views of special provision at City Hospital.
3. Summer camp run by St. Paul Committee on Prevention of Tuberculosis. Five views of the camp.
4. Four views of private camps in St. Paul and Minneapolis.
5. Photograph of tuberculosis pavilion in connection with State School for Feeble-minded, Faribault, Minn., north view.
6. South view of same, showing sun-room and airing courts.

7–11. Photographs of Pokegema Sanatorium, private institution at Pine City, Minn.

12. Day camp of the Minneapolis Antituberculosis Committee.
13–18. Photographs of State Hospital for Crippled and Deformed Children, St. Paul, Minn.
19, 20. Enlarged photographs, showing summer camp, run by St. Paul Committee on Prevention of Tuberculosis.
21. Enlarged photograph, illustrating private camp in Minneapolis, Minn.
22. Photographs of special provision for tuberculous prisoners at State Prison, Stillwater, Minn.

Group C. Activities of State and Local Boards of Health.

1. Cases of pulmonary tuberculosis reported through sputum examinations and directly to the State Board of Health from 1903 to 1907, showing yearly increase.
2. Cases of pulmonary tuberculosis reported through sputum only, to St. Paul Board of Health from 1902 to 1907, showing yearly increase.
3. Laboratory examinations of tuberculosis cases made by Minneapolis Board of Health, showing yearly increase from 1903 to 1906.
4. A study of 400 cases of tuberculosis by Minneapolis Health Department as to source of infection.
5. State Board of Health regulations governing tuberculosis.
6. Form for reporting cases of tuberculosis to State Board of Health.
7. Circular issued by Minnesota State Board of Health to the general public.
8. Circular issued by Minnesota State Board of Health "To those interested in schools."
9. Circular issued by Minnesota State Board of Health on the care of the sick-room.
10. St. Paul Board of Health Anti-spitting Ordinance.
11. Illustrations of St. Paul Board of Health sputum mailing outfits, etc.
12, 13. Photographs and other illustrative material showing St. Paul Board of Health Laboratory.

Group D. Statistics of Tuberculosis in Minnesota.

1. Deaths in Minnesota in 1905 from preventable diseases. Circular colored chart, showing proportion of deaths from tuberculosis.
2. Deaths from tuberculous diseases in 1905 compared with deaths from all other causes at each age from one to five, and each quinquennial age period from five to twenty and each decennial age period from twenty to eighty. Colored chart comparing by means of lines.
3. Deaths in 1905 from tuberculosis compared with deaths from other specified causes. Chart with lines.
4. Deaths per hundred thousand living in whole State, rural portions, and cities, from 1888 to 1905, illustrated by irregular lines.
5. Age distribution of deaths from tuberculous diseases in 1905, decennial periods after twenty.
6. Death roll-call in 1905. Six principal preventable diseases. Not charted.
7. Comparison of temperature and humidity at Liberty, N. Y., and St. Paul, Minn.
8. Chart showing by irregular lines death-rate per hundred thousand from tuberculosis in St. Paul, Minn., from 1888 to 1906.

Group E. Activities of Private Associations.

1. Literature of the Minnesota Association for the Prevention and Relief of Tuberculosis.
2. Local societies organized by the Minnesota Association for the Prevention and Relief of Tuberculosis.
3. Form of organization of the St. Paul Committee on the Prevention of Tuberculosis.
4. Statement of antituberculosis work of State Federation of Women's Clubs.
5. Statement of antituberculosis work of State Federation of Labor.

6, 7. Statement of antituberculosis work of the Board of Charities and Corrections of Minneapolis, Minn.

8–10. Statement of antituberculosis work of Amherst H. Wilder Charity of St. Paul, Minn.

9–11. Statement of antituberculosis work of the committee of the Minneapolis Associated Charities.

Group F. Miscellaneous.

1. Statement of conditions among the tuberculous insane in Minnesota.
2. Statement of work of the State Hospital for Crippled and Deformed Children.
3. Diagram illustrating kind and distribution of losses from tuberculosis.
4. Views illustrating visiting nursing work of antituberculosis committee of Minneapolis Associated Charities.
5. Statement of work of tuberculosis clinic of Minnesota State University.
6. General advice to consumptive patients, framed with glass.
7. Photographs of invalids and window tent, manufactured by St. Paul firm.

Group G. Industrial Hygiene.

1. Exhibit of Gordon and Ferguson, wholesale hats, caps, and furs, St. Paul, Minn., showing sanitary condition in factory.

2, 3. Exhibit of F. A. Patrick and Co., manufacturers of overalls, shirts, etc., Duluth, Minn., 7 photographs showing sanitary condition in factory.

4. Exhibit of Washburn-Crosby Co., Minneapolis, Minn., showing dust-removing devices, etc.

Group H. Milk Hygiene.

1–3. Woodend model dairy, near Minneapolis, Minn., photographs.

4. Model dairy farm, near St. Paul, Minn.
5. St. Paul Milk Ordinance.

Group J. Smoke Hygiene.

1, 2. Photographs illustrating conditions in St. Paul before and after smoke ordinance.

Group K. Personal Hygiene.

1–7. Photographs and other illustrative material, showing St. Paul public baths.

8. Photographs giving general view of St. Paul free public baths.

Group L. Control of Bovine Tuberculosis.

1. Organization of State Live-stock Sanitary Board.
2. Minnesota law relating to tuberculous cattle.
3. Minnesota law relating to inspection.
4. Minnesota law relating to pasteurization of creamery skimmed milk.
5. Minnesota cities requiring tuberculin tests of dairy herds.
6. Minnesota's experience with compulsory testing of cattle.

7–13. Enlarged photographs, showing different types of tuberculous animals.

14–23. Enlarged photographs, illustrating tuberculous lesions of various kinds in animals.

NEW JERSEY.

Charts and Diagrams Exhibited by the Prudential Insurance Company of America, Illustrating the Mortality from Consumption in Dusty Trades.

Chart No. 1.—Mortality from consumption in the general population, 1887 to 1906.
Chart No. 2.—Mortality from consumption by age and sex; Prudential Industrial experience, 1897 to 1906.
Chart No. 3.—Mortality from consumption in dusty trades.
Chart No. 4.—Mortality of grinders and polishers.
Chart No. 5.—Mortality of brass-workers and tool- and instrument-makers.
Chart No. 6.—Mortality of jewelers and engravers.
Chart No. 7.—Mortality of printers and compositors.
Chart No. 8.—Mortality of stone-workers and marble-cutters.
Chart No. 9.—Mortality of glass-blowers and glass-cutters.
Chart No. 10.—Mortality of potters and plasterers.
Chart No. 11.—Mortality of spinners and weavers.
Chart No. 12.—Mortality of furriers and hatters.
Chart No. 13.—Mortality of wool-workers and carpet-makers.
Chart No. 14.—Mortality of silk-mill workers and upholsterers.
Chart No. 15.—Mortality of millers and bakers.
Chart No. 16.—Mortality of button-makers and leather-workers.
Chart No. 17.—Mortality of street-cleaners and cabmen and hackmen.
Chart No. 18.—Mortality of letter-carriers and street-car motormen.

Pyroformol.

Pyroformol is a material for the production of formaldehyd gas for fumigation by chemical means, without application of external heat. It consists of a solution of formaldehyd to which is added a small amount of sulphate of aluminum. When this solution is poured on unslaked lime a rapid evolution of formaldehyd gas takes place. The sulphate of aluminum is added for the purpose of preventing the condensing action of lime on formaldehyd, which action leads to the formation of bodies of the sugar class with consequent loss of formaldehyd. (See "Journal of the American Chemical Society," vol. xxvii, No. 3, March, 1905; "Medical Record," October 20, 1906.)

NEW YORK.

New York State Exhibition.

New York State is made up of three sections: Sections A and C represent the efforts made in the crusade against tuberculosis in New York city. Section B represents the efforts made against tuberculosis in New York State in communities outside of New York city, together with some special interests in New York city.

The exhibits in Section A will be found directly in front of the visitor as he reaches the main exhibition floor in the New National Museum. The exhibits of Section B will be found immediately to the right of Section A, and those of Section C immediately to the right of Section B.

SECTION A.—EXHIBIT OF THE COMMITTEE ON THE PREVENTION OF TUBERCULOSIS OF THE NEW YORK CITY CHARITY ORGANIZATION SOCIETY.

This exhibit comprises two main divisions: (A) The Permanent Traveling Tuberculosis Exhibition of the Committee; (B) An Exhibit of the Work of the Committee.

(A) THE PERMANENT TRAVELING TUBERCULOSIS EXHIBITION OF THE COMMITTEE.

This exhibition is divided into five main classes: I. Where Tuberculosis Breeds. II. Where Tuberculosis Spreads. III. The Extent of the Disease. IV. How Tuberculosis is Cured. V. How Tuberculosis is Prevented. The exhibition is intended for popular use in educating the community.

Panel I.

I.—Where Tuberculosis Breeds.

1. Sign—"The Exhibit."
2. Model of actual tenement block in New York city—the breeding-place of tuberculosis.
3. Model of typical tenement block in New York city built in accordance with the laws in force up to 1900. Narrow air-shafts and dark rooms.

Photographs.

4. Sign.
5. Tenement-house.
6. The dark bedroom where tuberculosis breeds.
7. One of New York's 300,000 dark bedrooms.
8. Sign.
9. Alcove rooms with curtains to catch germs.
10. Typical dark room in New York tenement.
11. The same dark room with window provided to let in the light.
12. Sign.
13. Darkness and filth go hand in hand.
14. Dark room with light let in as required by law.
15. Light- and air-shaft sole means of lighting many rooms below.
16. Sign.
17. Typical light- and air-shaft in Manhattan tenement-house.

18. Large light court as provided in new tenements, required by law.
19. Dark public hallway in New York tenement.
20. Sign.
21. Filth on public stairs in New York tenement.
22. Dilapidated New York tenement.
23. Filthy back-yard in Brooklyn tenement.
24. Sign.
25. Rubbish in back-yard.
26. Tenement-house cellar with rubbish piled to the ceiling.
27. Accumulations of garbage and refuse in tenement cellar.
28. Sign.
29. Filthy cellar bakery in New York tenement.
30. Overcrowding helps develop tuberculosis. Lodgers in New York tenements.
31. A tenement sweat-shop.
32. Model of actual dark room in New York tenement. There are 300,000 of these in New York city.

II.—How Tuberculosis Spreads.

33. Sign.
34. The tubercle bacillus.
35. Dr. Robert Koch, discoverer of the tubercle bacillus.
36. Germs given off in sneezing.
37. Sign.
38. The sick infecting the well (Flügge's diagram).
39. Dust infection.
40. Germs found in the air—up-town and down-town.
41. Sign.
42. The street-sweeper as a spreader of tuberculosis.
43. Accumulation of rubbish in public street.
44. The feather duster—a potent agent in spreading tuberculosis.
45. Sign.
46. Clothing made in crowded and unventilated work-shops spreads tuberculosis.
47. Overcrowded sweat-shop.
48. Crowded cigar factory.
49. Sign.
50. Pathological exhibit—12 human lungs in different stages.
51. Badly ventilated factories spread tuberculosis.
52. Crowded cheap lodging-house.
53. Crowded theater.
54. Sign.
55. The filthy spittoon a menace.
56. Spitting on the sidewalk a danger to the community.
57. The telephone helps spread the disease.
58. Sign.
59. The common house-fly spreads tuberculosis.
60. Tracks of a house-fly showing how disease is spread.
61. Food-supplies are often infected by flies.
62. Sign.

63. The tuberculous patient in his tenement-house.
64. Tuberculous mothers often infect their children.
65. Child playing on the floor.

III.—The Extent of the Disease.

66. Models in cube form showing death-rates from tuberculosis as compared with other important diseases.
67. Chart showing number of deaths from tuberculosis per year in New York city.
68. Chart showing deaths from tuberculosis per year in United States.
69. Chart showing number of persons having tuberculosis in New York city as recorded.
70. Map of the notorious "Lung Block"—showing one area illustrating recurrence of the disease.
71. Tuberculosis mottoes (12).

IV.—How Tuberculosis is Cured.

(*A*) *How It Is Discovered.*

72. Sign.
73. Bellevue Tuberculosis Dispensary.
74. Health Department Tuberculosis Clinic.
75. Health Department Tuberculosis Clinic for Women.
76. Sign.
77. Post-Graduate Hospital Dispensary.
78. Examining a patient for tuberculosis at the Health Department Clinic.
79. Weighing a woman patient.
80. Sign.
81. Presbyterian Hospital Tuberculosis Clinic.
82. The Finsen light in tuberculosis—New York Throat, Nose, and Lung Hospital.
83. Examining woman for tuberculosis—New York Throat, Nose, and Lung Hospital.

(*B*) *How Tuberculosis Is Treated In Early Stages.*

84. Sign.
85. New York State Hospital for Tuberculosis at Ray Brook.
86. Piazza of Hospital at Ray Brook.
87. Women's tents at Ray Brook.
88. Sign.
89. View of tents and surrounding country at Ray Brook.
90. Men's tents at Ray Brook.
91. Living-room at Ray Brook Sanatorium.
92. Sign.
93. Adirondack Cottage Sanitarium at Trudeau.
94. Cottages at Trudeau.
95. Piazza at Trudeau.
96. Sign.
97. Stony Wold Sanatorium for women and girls.
98. Piazza at Stony Wold.
99. Living-room at Stony Wold.

100. Sign.
101–103. Municipal Sanatorium at Otisville run by New York Board of Health.
104. Sign.
105. Sea Breeze Hospital, Coney Island, for tuberculosis of the joints.
106. Children in their Calot jackets at Sea Breeze, showing main features.
107. Children on their boards at Sea Breeze.
108. Sign.
109. Children in bed, still on their boards, at Sea Breeze.
110. Outdoor life in winter at Sea Breeze.
111. Fresh-air School for Tuberculous Children—Providence, R. I.

(*C*) *How Tuberculosis Is Treated In Later Stages.*

112. Sign.
113. Women's tent at Metropolitan Hospital—Department of Public Charities, N. Y.
114. Group of tuberculosis tents—Metropolitan Hospital.
115. Sun parlor for tuberculous patients in Metropolitan Hospital.
116. Sign.
117. Building for males, Tuberculosis Hospital, Blackwell's Island.
118. Tuberculosis tents at Bellevue Hospital.
119. Tent for male tuberculous patients at Bellevue.
120. Sign.
121. Patients at dinner—Riverside Hospital, run by New York Department of Health.
122. View of Tuberculosis Ward, Riverside Hospital.
123. Riverside Hospital.
124. Sign.
125. Sun parlor for tuberculous patients—Seton Hospital.
126. Shrine at Seton Hospital.
127. View of ward at Seton Hospital.
128. Sign.
129, 130. Roof treatment at Mt. Sinai Hospital.

(*D*) *Home Treatment.*

132. Sign.
133. Nurse with patient in tenement home.
134. Dark room in which patient formerly slept.
135. Light room to which patient was moved as result of nurse's work.
136. Sign.
137. The tuberculosis nurse in the tenements.
138, 139. Fresh-air treatment on tenement roof.
140. Sign.
141–143. Day camp on ferryboat "Southfield," run by Charity Organization Society.

V.—How Tuberculosis is Prevented.

144. Sign—"Don't Spit"—used by Department of Health.
145. Samples of various sputum-cups.
146. Wall spittoons.
147. The wrong way of dusting—the feather duster.

148. The right way of dusting—the modern duster.
149. The new-law tenement, with light rooms—Chart.
150. Map showing extent of new-law tenements built in Manhattan—Homes for 1,000,000 people in light rooms, in six years.
151. Model of actual bedroom in new-law tenement-house—full size.

(B) THE WORK OF THE COMMITTEE.

152. Personnel of the committee.
153. Purposes of the committee.
154. Summary of committee's accomplishments—research, education, treatment, legislation.
155. Sign publications of the committee.
156. Publications of the committee.
157. The handbook on the prevention of tuberculosis.
158. The directory of institutions for tuberculosis.
159. Some of the publications of the committee—leaflets.
160. Some of the publications of the committee—appendices.
161. The lecture work of the committee.
162, 163. Lecture work of the committee—Poster.
164. Lectures—Dodgers.
165. One month's lectures—Sign.
166. Committee's educational campaign on the back of street-car transfers.
167. Committee's educational campaign on the back of street-car transfers—Enlarged.
168. Service furnished the newspapers of the State by the committee.
169. Standard forms and schedules originated by the committee.
170–172. The day camp conducted by the committee in 1907.
173. The Association of Tuberculosis Clinics formed as a result of the committee's work.
174. Map showing district treatment of tuberculosis in New York Association of Tuberculosis Clinics.
175. The committee's work in distributing educational leaflets—the "Don't" card.
176. The committee's educational work in the tenements—Art poster.
177. The committee's Italian agent distributing the art poster.
178. Sign—Standardization by the Committee of the Traveling Tuberculosis Exhibit.
179. Unique method of hanging exhibit.
180. Group of boxes—old style.
181. Group of trunks—new style.
182. Box for photos, full—old style.
183. Trunk for photos, full—new style.
184. New photo trunk, empty.
185. Block model trunk.
186. Pathological trunk.
187. Small models trunk.

SECTION B.

This exhibit comprises two main divisions: (I) The Tuberculosis Exhibition of New York State Department of Health; (II) Special Exhibits.

I. EXHIBIT OF THE NEW YORK STATE DEPARTMENT OF HEALTH.

1000. Chart—Showing organized effort for the prevention of tuberculosis in New York State.
1001–02. Extracts from addresses of Governor Hughes regarding tuberculosis.
1003. Letters of State Commissioner of Health to all local health officers, mayors, and presidents of villages and towns, urging participation in the International Congress on Tuberculosis.
1004. Blanks sent out with foregoing letter.
1010. Roster State Department of Health.
1011. Resolutions of Advisory Board on Tuberculosis.

Relating to Administration and Legal Phases of Tuberculosis Work.

1015. Public Health Law—Abstracts from the same relating to the administrative and legal phases of tuberculosis work by the State Department of Health. Also relating to the supervision of local boards of health.
1020. Abstract of the Laws of New York State relating to the reporting and registration of cases of tuberculosis. In force May 18th and 19th, 1908.
1025. Circular of instructions to local health officers, and cards for reporting cases—in use under laws in force prior to May 19, 1908.
1030. Public Health Law—Relating to the collection of mortality statistics, and blanks used in the collection of same.
1031. Chart—Mortality from pulmonary tuberculosis in the cities of New York State, 1901–05, 1906, 1907.
1032. City mortality from tuberculosis. Relation of urban to rural death-rates.
1033. General and tuberculosis death-rates by ages in New York State in 1900.
1034. Estimated economic loss in New York State in 1907 from tuberculosis.

Relating to Official Investigations of Tuberculosis.

1040. Authority for the investigation of causes and conditions leading to tuberculous infections and list of investigations.

Relating to Laboratory Work on Tuberculosis.

1045. New York State Hygienic Laboratory work on the diagnosis of tuberculosis.
1046. Outfit and blanks used in laboratory diagnosis of tuberculosis.

Relating to Department of Health Educational Efforts.

Literature.

1050. Circulars on tuberculosis in English.
1051. Circulars on tuberculosis in Italian.
Circulars on disinfection and care of sick-room.
1052. Distribution of pocket cards—"Important Facts Regarding Consumption," and of Dr. S. A. Knopf's Prize Essay.
1053. Monthly bulletins, containing articles and notes on tuberculosis.

Meetings.

1060. Papers and addresses on tuberculosis presented at the annual conferences of State sanitary officers, and other important meetings held under the auspices of the State Department of Health, 1905–1908.

Exhibitions.

1070. Outline of plan of coöperative State campaign with the State Charities Aid Association.
1071. Statement regarding the formation and construction of the Large Traveling Tuberculosis Exhibition of the New York State Department of Health.
1072. List of exhibits loaned or purchased, of work conducted in New York State included in the department's Large Traveling Exhibition. Exhibits named in this list or duplicates of the same will be found labeled as such among the various special exhibits shown in the New York exhibition.
1073. Identification banner of Traveling Tuberculosis Exhibition.

Exhibits Forming Part of Traveling Tuberculosis Exhibition Other than Those Included in List No. 1072.

1101–36. Tuberculosis texts selected from sets written by Dr. Oscar H. Rogers, Yonkers, N. Y.; Dr. J. H. Pryor, Buffalo; Dr. A. H. Garvin, Ray Brook, N. Y., and by members of the staff of the State Department of Health.
1150–63. Tuberculosis texts in Italian.
1175–80. Tuberculosis texts in Polish, translated by Dr. Francis E. Fronczak, Deputy Health Commissioner, Buffalo, N. Y.
1201. Death-roll of prominent persons from tuberculosis.
1205. Statistics of International Cigar Makers' Union on tuberculosis.
1210. Bacillus tuberculosis in pus (Senn) and in sputum (Abbot).
1211. Classification of cases as recommended by the National Association for the Study and Prevention of Tuberculosis.
1212. Classification of results of treatment as recommended by the National Association for the Study and Prevention of Tuberculosis.
1220. Drawing representing transmission by spitting. (Pflügge.)
1221. Drawing representing transmission by coughing. (Pflügge.)
1222. Drawing representing transmission by contamination of food. (Pflügge.)
1230. Model—illustrating an unsanitary bedroom.
1231. Model—illustrating a sanitary bedroom.
1232. Model—illustrating the wrong and right use of bedrooms and other rooms in farm-houses.
1235–1238. Breathing exercises. (Knopf.)
1240. Model illustrating the alteration of a rear porch for a sleeping and day veranda for outdoor treatment. (Original at Troy.)
1241. Model illustrating a cheaply constructed second-story balcony for outdoor treatment. (Original at Troy.)
1242. Model of Klondyke bed.
1242a. Chart, "How to Make a Klondyke Bed."
1246. Illustrating a type of sleeping hoods.

Banners.

1251. Pictorial banner—illustrating the extent of tuberculosis.
1252. Pictorial banner—illustrating the nature of pulmonary tuberculosis and showing tubercle bacilli.

1253. Pictorial banner—illustrating predisposing causes of tuberculosis.
1254. Pictorial banner—illustrating the transmission of tuberculosis.
1255. Pictorial banner—illustrating some of the measures for the prevention of tuberculosis.
1256. Pictorial banner—illustrating the essentials of treatment of tuberculosis.
1260. Plans for the conduct of local campaigns, with blank.
1263. List of special lectures on tuberculosis appointed by the State Commissioner of Health to assist in local campaigns.

Posters.

1264. Posters used in connection with local campaigns.
1265. Street-car posters in English.
1266. Poster in Italian.

Press Work.

1270. Electrotypes furnished local newspapers for giving publicity to work in local campaigns.
1271. Illustrating coöperation of local newspapers in local campaigns.

Lantern Slides.

1275. Statement regarding the systematic distribution of stereopticon slides for lecture purposes.
1276. Pages of book showing specimen lantern slides and legends explanatory of the same.
1277. Reproduction of other lantern slides in the department's series.
1280. Map of New York State showing routes of the large and small traveling tuberculosis exhibitions and the local campaigns conducted in coöperation with the State Charities Aid Association during the season of 1907–1908, and the prospective route for 1908–1909 of the large exhibition.
1281. Map of New York State showing location of hospitals, sanatoriums, dispensaries, clinics, and associations for the prevention and treatment of tuberculosis. (Data obtained from the new directory, National Association, etc.)

Small Traveling Tuberculosis Exhibition.

1285. Cabinet—Reproduction of main traveling tuberculosis exhibition utilized in local campaigns in small communities, at county fairs, etc.
1286. List of models, etc., in the main exhibition, duplicates of which form a part of the department's small exhibition.

Medical Tuberculosis Exhibition.

1300. Statement of plan for the conduct of medical exhibitions in New York State.
1301. List of exhibits included or to be included in the department's medical exhibition. (The exhibits named in this list or duplicates of the same, and so labeled, will be found among the various special exhibits shown in the New York State exhibition.)
1302. Traveling microscope and bacteriological outfit used in laboratory demonstrations.

1303. Pipettes and syringes used in the dilution and administration of tuberculins and products of tubercle bacilli.

COMMITTEE ON THE PREVENTION OF TUBERCULOSIS, STATE CHARITIES AID ASSOCIATION.

1401. Board of managers of the State Charities Aid Association.
1402. Members of the Committee on Prevention of Tuberculosis of the State Charities Aid Association.
1403. Names of the cities visited.
1404. Outline of preliminary investigation.
1405. Program in a city.
1406. Methods used to arouse the public authorities.
1407. Program of a public meeting.
1408. How public opinion is awakened.
1409. Methods of advertising a campaign.
1410. Special tuberculosis edition used in one of the cities visited.
1411. Signs supplied to local committees.
1412. Venetian poster.
1413. Table showing mortality from pulmonary tuberculosis in the cities of New York State for the year ending December 31, 1907.
1414. Statement of literature distributed.
1415. Weekly press bulletin statement with specimen copies.
1416. Circular letter statement with specimen copies.
1417. Specimen of literature distributed by the State Charities Aid Association.
1418. Specimen of circulars relating to tuberculosis sent by the State Charities Aid Association.
1419. The tuberculosis law.
1420. Results in Rome and Troy.
1422. Results in Schenectady, Utica, and Geneva.
1423. Statement of the county fair campaign.
1424. Showing a section of one of the six tuberculosis exhibits sent to the county fairs.

NEW YORK STATE LIBRARY.

1431. Identification card.
1432. Statement of system of loaning medical and scientific books to physicians in New York State. Also statement of assistance given physicians in the preparation of papers.
1433. Bibliography on the cutaneous and ophthalmo-tuberculin reactions.
1434. Popular traveling libraries, with list of traveling library on tuberculosis.
1435. Traveling library on tuberculosis.

II. SPECIAL EXHIBITS.

ALBANY.

*City Department of Health.**

1451. Identification card.

* Denotes special exhibits included in the large traveling tuberculosis exhibition, New York State Department of Health.

1452. Card showing literature, blanks, etc.
1453. Map showing mortality for ten years from 1897 to 1907, inclusive.

Albany Committee on the Prevention of Tuberculosis.

1461. Identification card.
1462. Committee on education.
1463. Dispensary, diet-kitchen.

*Albany Guild Tuberculosis Class.**

1471. Identification card.
1472. Photograph of patients.
1473. Temperature charts.
1474. Weight charts.
1475. Patients taking the cure.

*Central Federation of Labor Tuberculosis Pavilion.**

1481. Identification card.
1482. Photograph.
1483. Banner.

BUFFALO.

*City Department of Health.**

1491. Identification card.
1492–93. Two maps showing distribution of tuberculosis.
1494–95. Two blanks, literature, etc.

Buffalo Charity Organization Society Tuberculosis Committee.

1501. Identification card.
1502–03. Two photographs.
1504. Blanks, literature, etc.

Buffalo Day Camp.

1511. Identification card.
1512. Photograph.

MOUNTAIN SANATORIUM (BINGHAMTON).*

1521. Identification card.
1522. Photographs—Exterior and interior views of sanatorium.

BROOKLYN.

*Committee on Prevention of Tuberculosis of the Brooklyn Bureau of Charities.**

1531. Face card.
1532–33. Posters.
1534. Educational efforts.
1535–36. Photographs—Home for Consumptives.
1537. Outdoor sleeping quarters for patients.
1538. Visiting nurses.

*Nurses of the Associated Clinics, New York.**

1641. Identification card.

* Denotes special exhibits included in the large traveling tuberculosis exhibition New York State Department of Health.

1642. Map of New York city, showing field of operation of nurses belonging to the Associated Clinics.

*Christ Church Tuberculosis Class.**

1651. Identification card.
1652. Photograph, showing patients "taking cure."

ROCHESTER.

*Department of Health.**

1661. Identification card.

Photographs:

1662. Municipal Hospital.
1663. Open-air pavilion.
1664. Open-air pavilion in summer.
1665. Open-air pavilion in winter.
1666. Men's ward.
1667. Women's ward.
1668. Women's dining-room.
1669. Kitchen.
1670. Twelve-room pavilion.
1671. Blue print, sectional plan of Municipal Hospital.
1672. Blue print, elevation plan.
1673. Blue print of foundation plan.
1674. Blue print of first-floor plan.
1675. Blue print of second-floor plan.
1676. Photograph of patient under home treatment.
1677. Ten-year mortality map of the city of Rochester.

YONKERS.

*Sanitary League.**

1691. Identification card.
1692. Telephone pole mottoes.
1693–94. Saloon mottoes.
1695. Cards of advice in different languages.
1696–97. Circulars regarding consumption in different languages.

TROY.

*Tuberculosis Relief Committee.**

1711. Identification card.
1712. Information card.
1713–15. Photographs, showing patients on porches and in tents, under the supervision of the Tuberculosis Class.
1716. Weight chart and patients' records of the Tuberculosis Class.
1717. Results of class work.
1718. Photographs, showing exterior and interior of tuberculosis relief station.
1719. Maps of Troy, showing mortality from 1898 to 1907, inclusive.

* Denotes special exhibits included in the large traveling tuberculosis exhibition, New York State Department of Health.

SYRACUSE.

*Department of Public Safety, Bureau of Health.**

1721. Identification card.
1722. Photographs, showing interior and exterior of tuberculosis clinic.
1723. Blanks and notices.
1724. Photographs, showing Syracuse from dispensary, and physicians.
1725. Photographs, showing "the home of an outdoor-life family." (Window-tent.)

ROME.

*Board of Health.**

1731. Identification card.
1732. Photograph of Rome dispensary waiting-room and patients—with history cards.
1733–34. Work of dispensary nurses.

SARANAC LAKE SOCIETY FOR THE CONTROL OF TUBERCULOSIS.*

1741. Information card.

OLEAN.

*Board of Health.**

1751. Map of the municipality, showing deaths from tuberculosis for ten years, 1898–1907, inclusive.
1752. Photographs, showing houses where deaths from tuberculosis have occurred.
Photograph, showing an individual arrangement for outdoor sleeping.
1753. Circulars on tuberculosis.
1754. Anti-spitting signs.
1755–56. Literature and blanks regarding clean milk distribution.

EAST AURORA.

*Roycroft Inn.**

1761. Accommodations provided for outdoor sleeping for the traveling public.

KENWOOD MILLS (F. C. HUYCK & SONS, ALBANY, N. Y.).*

1801. Exhibit of sleeping bag.
1802. Exhibit of invalid's rug.

EXHIBIT OF DR. W. H. PROCTOR, CORNING, N. Y.*

"The Proctor Outdoor Bed."
1811. Identification card.

THE KNY-SCHEERER CO.'S EXHIBIT OF ARTICLES FOR USE IN THE TREATMENT AND AGAINST THE SPREAD OF TUBERCULOSIS.

1821. A complete variety of sputa cups of glass, steel, porcelain ware, and paper, especially adapted for bedside use.*
1822. A complete assortment of nickel-plated, metal, aluminum, paper, and glass pocket sputa flasks.*

* Denotes special exhibits included in the large traveling tuberculosis exhibition, New York State Department of Health.

1823. Sanitary wall spittoons adapted for institutions and manufacturing plants.*
1824. Dr. S. A. Knopf's half-tent for use in the open-air treatment.*
1825. Reclining sanatorium chair made of metal, white enameled, and adjustable back.*
1826. The Knopf-McLaughlin window tent for taking the open-air treatment in the home.*
1827. Bulling's apparatus for inhalation.*
1828. Kuhn's lung suction mask for the hyperemic treatment (Bier) of pulmonary tuberculosis.*

Lake Placid.

1831. Model of outdoor camp, located at Lake Placid, New York, built by Mr. Henry Auchincloss.

Geneva.

1841. One model—tent for summer home. Exhibit of Dr. Jas. A. Hart, Geneva, N. Y.*

Adirondack Cottage Sanitarium (Trudeau, N. Y.).†

1901. Identification card.
1902. Saranac Lake village and the roads to and from the sanitarium.
Photographs:
Panoramic view of Saranac Lake village from the south. Hotel Berkeley and Main Street. The village from Mt. Pisgah. The examining office in the village. The approach to the sanitarium. Mt. Baker and road to village—winter. The Stephenson Cottage. Exercise road near sanitarium. First view of the main building. Peck's Corners road. The road to the village.
1903. Historical and general.
Photographs:
The sanitarium in 1886. The "Little Red Cottage." The sanitarium in 1903. The sanitarium in 1908. Telephoto of the sanitarium. The sanitarium from the river.
1904. Sanitarium grounds and cottage of resident physician.
Photographs:
Cottage of resident physician. View of main lawn from the south. A bush-bordered path. Northwest view across main lawn. Section of an uncompleted road. The park-like features of grounds. Looking toward the entrance. West across the main lawn. Drinking-fountain on main lawn. South end of main lawn. Looking northward through grounds.
1905. Distant views.
Photographs:
Lower Saranac Lake from Mt. Pisgah. Mt. Marcy, Mt. McIntyre, and Liberty Camp. The McKenzie Range. Mt. Baker and the

* Denotes special exhibits included in the large traveling tuberculosis exhibition, New York State Department of Health.

† A similar exhibit formed a part of the Traveling Tuberculosis Exhibition of the New York State Department of Health during the season 1907–08, and a duplicate of this exhibit will be in the same exhibition for the season of 1908–09.

Saranac River. View to the north. Mts. Moose and Whiteface. East from the Infirmary. South from the sanitarium garden.

1906. The medical pavilion.

Photographs:

The medical pavilion. The entrance. As seen from the main lawn. The fire-proof vault for the records. One of the rooms for patients. View from the laboratory porch. The pavilion looking toward the main lawn. One of the piazzas.

1907. The medical pavilion.

Architects' plans of the pavilion.

1908. The outdoor treatment.

Photographs:

Patients on main building piazza about 1898. Patients on main building piazza about 1908. A cottage porch in winter. Patient dressed for sleeping out in winter. On the infirmary piazza. A Klondike bed (view one). A Klondike bed (view two). Party of patients under tree on lawn. A mosquito-protected bed. A cottage porch in summer. A patient ready for the outdoor treatment.

1909. Evolution of the cottage.

Photographs:

The "Little Red Cottage." The Workshop. The Sunshine Cottage. The Lea Cottage. The Minturn Cottage. The Loomis Cottage. The McAlpin Cottage. The Hoffman Cottage. The Richardson Cottage. The Robins Cottage. The Nathan Cottage.

1910. Evolution of the cottage. Architect's plans of eleven cottages.

1911. Detail of cottages.

Photographs:

Interior of the Ladd Cottage. The Hall Cottage. The Nathan and the Moore Cottages. The Ladd Cottage. Interior of the Nathan Cottage. Showing radiator location and flush-paneled door in Moore Cottage. Ventilated closet in Moore Cottage. Architects' plan of the Wheeler Cottage. Patient rolling out a bed to a porch. Floor plan of the Moore Cottage.

1912. The Childs Memorial Infirmary.

Photographs:

Infirmary from the resident physician's cottage roof. Looking up the "Infirmary Hill." Floor plan of the infirmary. One of the piazzas. Sitting-room. Chart-room. Dining-room. The infirmary in winter. Private sleeping-out porch for nurse. The kitchen.

1913. The main building.

Photographs:

The main building. The lower hall, main building. The dining-room. The main parlor. General office. East end of the main parlor. Present waiting-room, main building (September, 1908). Present laboratory, main building (September, 1908). Present drug-room, main building (September, 1908). Present examining-room, main building (September, 1908).

1914. Kitchen arrangements, garden and quarters for help.

Photographs:

The main kitchen. The bakery. The diet-kitchen. The serving-room. The hot-water sterilizer at the infirmary. Steam sterilizer in diet-kitchen for dishes. Servants' quarters. The sanitarium garden. Shack for male servants. Shack for female servants. Exterior of servants' dining-room, etc.

1915. Water system, crematory and laundry.

Photographs:

McKenzie Pond—sanitarium water-supply. The sanitarium reservoir. The laundry. Wash-room—laundry. Carpet wheel for beating rugs—laundry. Sanitarium sewer outlet on Saranac River. The crematory. Fumigating room at the laundry. Main room at laundry.

1916. The workshop.

Photographs:

The workshop. Bookbinding at the workshop. Patient repairing books. Manuscripts bound in Levant leather. Press full of books bound by patients. Manuscript of "The Rime of the Ancient Mariner." Illuminators at desks on piazza. A Bible and a collection of music rebound. Manuscript of Cicero's Essay on Old Age. Double page of "Ancient Mariner" manuscript. Manuscript of Milton's "Hymn on the Morning of Christ's Nativity." Picture framing at the workhouse. Leather working at the shop. Samples of framing done by patients. Floor plan of the dark-room at the shop. Samples of leather work. A group of photographers. The entrance to the dark-room. The work-table heated by hot-water pipes. A group of leather workers in winter.

1918. Chapel library, post-office.

Photographs:

The exterior of the Baker Memorial Chapel. The interior of the chapel. The chapel from the east. The Mellon Memorial Library. The Post-office. A patient on the library piazza. Stack room of the library. Office of the "Journal of the Outdoor Life." Reading-room of the library.

1919. Amusements.

Photographs:

The amusement pavilion. The stage at the pavilion. Playing pool and billiards in winter. The sanitarium boat-house on the Saranac River. A party of patients on the Lower Saranac Lake. The start of a tally-ho party. Playing shuffle-board at the pavilion. A picnic party. A meet of the Rifle Club. A snowshoeing party. An outdoor birthday celebration. A hill-climbing party on burros.

1920. Interests encouraged at the sanitarium.

Photographs:

The bird class in the woods. A bird lighting on man's finger. Chickadee eating peanuts on girl's hand. Studying birds while in bed—infirmary. A squirrel on a man's hand. A nuthatch on man's hand. Man feeding a squirrel. Patient tending a flower-garden. Weather recorder at the weather station. A couple of squirrels in a cottage room. The stereopticon lantern at the pavilion. A

meeting of the telegraph class. Man on cottage porch with telegraph instruments.

1921. Map: A map of the sanitarium grounds.

1922. Name of sanitarium; names of physicians and directors. The title frame of the exhibit.

1923. Condition of all former patients in 1907. Chart.

1924. Mortality chart. Chart.

1925. Report of condition of patients on admission and discharge. Chart—Those taking tuberculosis treatment.

1926. Report of condition of patients on admission and discharge. Chart—Those who did not take tuberculosis treatment.

1927. Report of sputum examinations. Chart.

1928. Weight chart. Chart.

1929. Relation of weight to weather. Chart.

1930. Weather chart. Chart—Showing the monthly temperatures.

1931. Weather chart. Chart—Showing the rain precipitation and the percentage of sunshine.

1932. Vouchers and order blanks. Administrative department.

Printed Matter:

Treasurer's voucher. Reverse of same. Assistant-treasurer's voucher. Reverse of same. Order blank. Blank for copy of order.

1933. Report and requisition blanks—Administrative department.

Printed Matter:

Chef's report. Baker's report. Housekeeper's report. Employees' report. General requisition blank. Infirmary requisition blank.

1934. Miscellaneous blanks. Administrative department.

Admission card. Blank for patient's bill. Night-watch pass. Men's laundry list. Women's laundry list. Housekeeper's laundry list. Meal ticket for servant's hall. Bedroom inventory. Sitting-room and veranda inventory. Bath-room inventory.

1935. Circulars.

Circular sent in response to inquiries. Suggestions for out-patients.

1936. Rule book and cards.

Rule book for patients. Tray card. Exercise card. Examination card. Specimen-of-sputum-required card. Record of examinations and drugs. Discharge card.

1937. Annual report for 1907.

1938. Annual report for 1907. (Cont.)

1939. Cards and blanks for statistics. Medical department.

Card used in statistical work. Annual report blank for patients. Letter sent with above. Blank sent to friends in case of death. Letter sent in case of failure to return report. Letter sent to attending physician in case of death.

1940. Miscellaneous.

Pay-roll sheet. Memorandum of payment of money to treasurer. Sheets from tuberculin book. Sheets from Medical Supplement to Annual Report for 1907. First annual report.

1941. Miscellaneous blanks.

Medical department. (Printed matter and filled-in printed forms.) Blanks used in out-patient department. Blanks used in blood examination. Blanks used in case of special illness.

1942. A typical history. No. 1. (Printed matter with typewritten history.)
1943–46. Typical histories (2–5).

LOOMIS SANATORIUM (LIBERTY, N. Y.).*

1951. Identification card.
1952–53. Medical charts.
1954–55. Blue prints.

Photographs:

1956. View of sanatorium proper and annex—looking north from Walnut Mountain. Entrance to grounds—Loomis Sanatorium, Liberty, N.Y. Administration building. Proudfit Cottage—accommodating twelve patients. Randolph Cottage—new type of independent cottage. Sloane Cottage—accommodates five male patients.
1957. Sunrise Cottage—type of new independent cottage, with Irvin Cottage (residence of the physician-in-chief) in distance. Edson-Aldrich Library. Casino, with Proudfit Cottage in distance. Casino, with chapel in distance. Patients taking "the cure" on porch of old infirmary. Taking "the cure" on porch of one of the cottages. Original "Lean-to" and "Rest-awhile Lean-to."
1958. View of annex from Chunk Hill.
Administration building and infirmary, Loomis Sanatorium annex. Administration building and "Lean-tos," Loomis Sanatorium annex. "Anne M. Loomis Memorial Lean-to," Loomis Sanatorium annex. Chapman Cottage—intermediate division, Loomis Sanatorium annex. "Cure porches"—Chapman Cottage, Loomis Sanatorium annex.
1959. One model—"Lean-to."
1960. Model of sanatorium.

RAY BROOK, NEW YORK STATE HOSPITAL FOR INCIPIENT TUBERCULOSIS.*

1971. Identification card.
1972. Information card.
1973. Colored photograph of State Hospital.
1974. Mountain view from State Hospital.
1975. Distant view of State Hospital.
1976. Photograph of main building.
1977. Photograph of tents and solarium.
1978. Photograph of patients "taking the cure."
1979. Photograph showing methods of recreation.
1980–82. Blanks—rules for admission to hospital.
1983–85. Typical history of a case.
1986. Weight chart—composite average of 66 cases.
1987. Dietary.
1988. Inventory of patient equipment.
1989. Rules for patients and classification of disease.
1990. Chart of results.
1991. Floor plan of shack.
1992. Model of Ray Brook tent.

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STONY WOLD SANATORIUM (LAKE KUSHAQUA, N. Y.).*

2011. Identification card.
2012–13. Information cards.
2014. Map of the property of Stony Wold Sanatorium.
2015. Blue print, showing ground plans and front view.
2016. Photographs of Lake Kushaqua, and bound reports from 1902 to 1906, inclusive.

Photographs:

2017. Showing buildings and launch on the lake.
2018. Showing rear of main building, patients on veranda in summer and in winter. Indoor and outdoor school for children.
2019. Showing interiors.
2020. Showing waterworks and water-supply; outdoor study for children, and patients at lunch.
2021. Showing former buildings.
2022. Stony Wold's methods of raising funds.
2023. Daily routine at Stony Wold.
2024. Notes for patients.
2025–27. Rules for patients.
2028. Temperature and weight chart, showing typical case and moderately advanced case.
2029. Record cards and reports of former patients.
2030. Results for four years.
2031–32. Medical blanks.
2033. Blue print, showing plan of septic tank.
2034. Blue print, showing sewage disposal beds.
2035. Blue print, showing water tower and filters.
2036. One large relief map of Lake Kushaqua.
2037. One model of Stony Wold Sanatorium.

MONTEFIORE HOME COUNTRY SANATORIUM (BEDFORD, N. Y.).*

2051. Identification card.
2052. Result.
2053–56. Charts on sewage disposal.

Photographs:

2057. A near view of the institution. The sanatorium from the rear. Chapel to left, the original. Institution to right. Camp auxiliary—the overflow. Medical officers—matron, steward, and nurses. A good grain harvest.
2058. General dining-room. Interior of chapel. Clinical laboratory. Composing-room of "Our Review," patients' weekly. Operating-room. Drug-room.
2059. Rest cure—female side of sanatorium. Rest cure—male side of sanatorium. Circulating library and reading-room. Corner of laundry. Corner of kitchen. Sterilizer.
2060. A morning task for patients. Independence Day reception. A literary circle. The rabbit hutch and its monitor. The seamstress' room. Camp auxiliary—boys in undress uniform (cold weather).

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2061. One of the wards. Corner of the guinea-pig room. The research laboratory. Patients at dinner. The disposal works. A profitable field.

SANATORIUM GABRIELS (GABRIELS, N. Y.).*

2081. Identification card.
2082. Information card.
2083. Photographs showing the institution.
2084–86. Photographs of institution and patients.
2087. Annual report and other publications.
2088. Medical charts.

THE RECEPTION HOSPITAL (SARANAC LAKE, N. Y.).*

2101. Identification card.
2102. Information card.
2103. Photographs of hospital.
2104. Rules for patients, and report of 1907.
2105. Medical blanks.
2106. Six reports of the institution.

NEW YORK ASSOCIATION FOR IMPROVING THE CONDITION OF THE POOR.

*Sea Breeze Hospital.**

Seaside Hospital for Tuberculosis of the Bones, Joints, and Glands in Children, West Coney Island, New York City.

2120. Identification card.
2121. Model of Sea Breeze Hospital,
2122. Photographs illustrating life of patients at Sea Breeze Hospital.
2123. Photographs illustrating surgical treatment of patients at Sea Breeze Hospital and the progress of cure.
2124. Life-size dolls with certain apparatus in the treatment of patients at Sea Breeze Hospital.
2125. History of Sea Breeze Hospital by John W. Brannan, M.D. (illustrated).
2126. Report of three years' work at the Sea Breeze Hospital for the treatment of surgical tuberculosis in children, by Leonard W. Ely, M.D., Attending Surgeon, and Brainerd H. Whitbeck, M.D., Assistant-Surgeon.
2127. Charts and tables containing complete statistics of patients treated at Sea Breeze Hospital since its opening in June, 1904.
2128. Drawings of ground plan and southern elevation of proposed Municipal Seaside Hospital for the cure of tuberculosis of the bone and glands in children, to be erected at Rockaway Beach by the city of New York.
2129. Model of two typical wards in proposed Municipal Seaside Hospital. These wards will be built with funds raised by the New York Association for Improving the Condition of the Poor, and presented by it to the city of New York.
2130. Model of Schrader window to be used in the ventilation of the proposed Municipal Seaside Hospital.

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2131. Map of the city of New York, showing location of Rockaway Beach, proposed site of Municipal Seaside Hospital.
2132. Smiling Joe and David.

New York State Lunacy Commission.*

2151. Identification card.
2152. Floor plans and front elevation of tuberculosis pavilions of five State hospitals.

State of New York—Clinton Prison (Dannemora, N. Y.).*

2171–72. Identification card.
2173. Perspective drawing of hospital buildings.
2174. Drawing of floor plan.
2175. Drawing of piping systems.
2176. Photographs, open-air court, laboratory, library, dining-room, and kitchen.
2177. Photographs, wards 5 and 6.
2178. Photographs, physician's office, pharmacy, clinic, and operating rooms.
2179. Photographs, examination rooms, and various forms of treatment.
2180. Photographs.
2181. Medical blanks.
2182. Drawing, showing water-supplies.
2183–90. Mottoes and bulletins.
2191. One model, showing cross-section of Tuberculosis Hospital.
2192. One model, showing horizontal section of Tuberculosis Hospital.

Rome State Custodial Asylum (Rome, N. Y.).

2221. Identification card, with photographs.

New York State Hospital for the Care of Crippled and Deformed Children, West Haverstraw, N. Y.

2222. Information card.
2223. Photographs, showing interior and exterior views of hospital.
2224. Photographs, showing methods of recreation, and wards.
2225. Photographs, showing children at work.

Exhibit of Dr. Charles H. Jaeger (New York).

2250. Exhibit of six dolls illustrating methods of treatment of bone and joint tuberculosis.
2251–53. Three frames of photographs and explanatory notes.

Saranac Laboratory for the Study of Tuberculosis.*

2261. Identification card.
2262. Photographs of interior.
2263–64. Directions and precautions for the demonstration of various tuberculins.
2271. One jar dry tubercle bacilli.

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2350. Pleurisy with effusions.
2351. Mediastinal glands.
2352. Aneurism.
2353–54. Consolidation—exudative. Thought to be tubercular until the second radiograph, made two weeks later, showed it to be resolving rapidly.
2355. Tubercular hip, early slight symptoms.
2356. Tubercular hip, early, almost no symptoms.
2357. Tubercular kidney, verified by finding bacilli in urine. Diagnosis made by radiograph, two years previously, before bacilli were found.
2358. Advanced tubercular involvement of head of humerus.
2359. Localized tubercular involvement in astragalus.
2360. Advanced tubercular involvement of ankle.

TUBERCULOSIS INFIRMARY, METROPOLITAN HOSPITAL, DEPARTMENT OF PUBLIC CHARITIES, NEW YORK CITY.

2381–83. Miliary tuberculosis of lung.
2384–85. Miliary tuberculosis of kidney.
2386–87. Miliary tuberculosis of spleen.
2388–89. Miliary tuberculosis of liver.
2390–94. Peribronchial tuberculosis.
2395–2400. Tuberculosis of larynx.
2401–05. Tuberculosis of intestines.
2406. Tuberculosis of vertebra.
2407. Tuberculosis of testicle.
2408. Healing tuberculosis of the lung.
2409–10. Tubercular cavity of lung.
2411. Tubercular hydropneumothorax.

NEW YORK STATE VETERINARY COLLEGE, CORNELL UNIVERSITY, ITHACA, N. Y.

2421. Identification card.
2422. (*a*) Results of tuberculin test on a herd of twenty-six cows.
2423. (*b*) Selected temperature curves of five of the same herd.
2424. (*c*) Diagram illustrating results obtained in a tuberculous herd upon application of the Bang method.

Photographs:

2425. Tuberculosis—Deposit on pleura over ribs, cow. Diaphragm, cow. Diaphragm, caudal surface, cow. Diaphragm, cephalic surface, adherent to lung, cow.
2426. Tuberculosis—Spleen, pig. Lung, pig. Spleen, pig. Ham, pig.
2427. Tuberculosis—Esophageal gland and skin, cow. Enlarged mediastinal gland, cow. Ulcers, intestine, cow. Bronchial and mesenteric glands, cow.
2428. Tuberculosis—Section of liver and portal glands, cow. Liver showing tubercles on surface, cow. Liver showing enlarged portal glands, cow. Section of liver and portal glands, cow.
2429. Tuberculosis—Section lung, cow. Spleen, cow. Section, lung with calcified deposit, cow. Deposit on pleura over ribs, cow.
2430. Tuberculosis—Mesenteric glands, cow. Ulcers in ileum and ileocecal

valve and enlarged glands, cow. Section mesenteric gland. Section of mesenteric gland and ulcerated intestine, cow.

2431. Tuberculosis—Longitudinal section, heart, cow. Pericardium, heart, cow. Cross-section, heart, cow. Longitudinal section, heart, cow. (Photographed from drawing.)

2432. Tuberculosis—Section postpharyngeal lymph-gland, cow. Section of tracheal lymph-gland, cow. Section of mediastinal gland, steer. Udder, containing many tubercle bacilli, cow.

2433. Tuberculosis—Small deposits on omentum, cow. Larger deposits on omentum. Thick deposit over omentum, cow. Nodular tubercles on omentum, cow.

2434. Tuberculosis—Deposit on margin of lung, cow. Deposit in bronchus, cow. Section of lung with calcification, cow. Deposit on surface of lung, cow.

2435. Tuberculous surface of liver, showing tubercles, cow.

2436. Tuberculous spleen, pig.

2437. Tuberculous section of liver and portal glands, cow.

2438. Tuberculous deposit on pleura over ribs, cow.

2439. Directions for using tuberculin.

New York State Department of Agriculture.

2501. Identification.
History of apparently healthy bull, showing results of tuberculin tests and autopsy records. Temperature chart. Section of lung. Mediastinal gland. Post-mortem record.

2502. Photographs of animals tuberculous in appearance and shown to be such by tuberculin tests. Typical tuberculin test. Temperature chart.

2503. Photographs, showing sanitary and unsanitary barns.

2504. Photographs, showing animals healthy in appearance, but shown to be tuberculous by tuberculin tests—animals diseased in appearance, but shown to be free from disease by tuberculin tests.

2505. Statement regarding the Bang method.

2506. Photographs of pathological specimens.

The Straus Milk Exhibit.

2801. One model of pasteurization plant.
Nathan Straus' lecture on political economy.
Formulary and information about infant food prepared by Nathan Straus Laboratory.
Directions to mothers, in four languages.
Illustrations showing distribution of milk from seventeen depots in New York City.

International Children's School Farm League (New York City).

3001. One model.—Children's garden.

Playground Association of America, New York.

3011. Identification card.

3012. One model of municipal playground.

3013. One model of school playground.
3014. One model of private-yard playground.
Charts sent by the Committee on Congestion of Population in New York.
Two maps showing the density of factories and workers in factories in Manhattan and the Bronx.
Map showing the density of population in Manhattan. Isometric drawings and diagrams showing the proportion of the site of blocks built upon in New York, and the method by which congestion of population is caused.
Charts showing the death-rates from given diseases in selected blocks in New York.
Maps and statements illustrating the methods of town planning abroad.
Diagrams showing the proportion of the total area of certain foreign cities owned by the municipality.
Diagram showing the proportion of workers in factories above and below 14th Street, in Manhattan.
Three models: (1) A Municipal Playground. (2) A School Playground. (3) A Private Yard Playground. These models do not represent any particular playgrounds now in operation, but combine features of equipment and arrangement which may be adapted to the average city, school, or private yard playground.

The threefold object of playgrounds is physical, social, and civic betterment.

The Playground Association of America is promoting the playground movement in cities and towns throughout the country, and is dealing with national playground problems of legislation, supervision, and equipment.

SECTION C.—NEW YORK CITY DEPARTMENT OF HEALTH.

BRIEF HISTORY OF THE CAMPAIGN AGAINST TUBERCULOSIS IN NEW YORK CITY.

Section I.—General.

Large wall statistical table showing death-rate, number of deaths, and other data concerning tuberculosis in the city of New York from 1881 to 1907.
No. 1.—Manhattan and the Bronx. No. 2.—Greater New York.
No. 2.—Large wall chart showing comparison of death-rate from all causes (black) and from pulmonary tuberculosis (red) in the old city of New York (boroughs of Manhattan and the Bronx) from 1869 to date.
No. 3.—Chart showing comparison of death-rates from all causes and from pulmonary tuberculosis in the old city of New York (boroughs of Manhattan and the Bronx) from 1886 to 1906.
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No. 27.—Handbook of help for persons suffering with pulmonary tuberculosis, issued by the Department of Health for the use of physicians, school-teachers, ministers, employees of the Department of Health and other city departments, charity workers, etc.

No. 28.—Handbook of help for persons suffering with pulmonary tuberculosis, issued by the Department of Health for the use of physicians, school-teachers, ministers, employees of the Department of Health and other city departments, charity workers, etc. (continued).

No. 29.—Handbook of help for persons suffering with pulmonary tuberculosis, issued by the Department of Health for the use of physicians, school-teachers, ministers, employees of the Department of Health and other city departments, charity workers, etc. (concluded).

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No. 31.—"Don't Spit" folders; information regarding the prevention of tuberculosis for the general public, issued by the Department of Health for distribution through the large charitable organizations and to factories, department stores, etc. (English-German.)

No. 32.—"Don't Spit" folders; information regarding the prevention of tuberculosis for the general public, issued by the Department of Health for distribution through the large charitable organizations and to factories, department stores, etc. (Italian-Yiddish.)

No. 33.—"Don't Spit" folders; information regarding the prevention of tuberculosis for the general public, issued by the Department of Health for distribution through the large charitable organizations and to factories, department stores, etc. (Bohemian-Swedish.)

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No. 39.—Spitting placards: Forbidding spitting on floor of ferry-boats.

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Section II.—Registration and Sanitary Supervision of Pulmonary Tuberculosis.

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Notification and Registration.

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No. 45.—(*a*) Death-list forwarded daily from the Bureau of Records, giving information regarding all deaths from pulmonary tuberculosis during the preceding twenty-four hours; (*b*) postal card used by patient or his family to notify the Department of Health of the change of address. (*c*) Card: report from diagnosis laboratory of case of pulmonary tuberculosis. (*d*) Card: report of case of tuberculosis from Department of Health tuberculosis clinic or from other boroughs.

No. 46.—(*a*) Card, acknowledging receipt of communication or complaint. (*b*) Letter to the owner of premises occupied by tuberculosis patient, directing him to notify the Department of Health of the removal of patient. (*c*) Letter sent annually to every physician in New York city having reported a case of tuberculosis during the preceding year, requesting information as to the present condition and whereabouts of his cases. (*d*) Letter to physicians reporting death from tuberculosis, who had failed to report the case during life. (*e*) "Black List" card for recording name and address of physicians failing to properly

report cases of tuberculosis to the Department of Health. (*f*) Card sent recording the result of investigation by inspector of case of tuberculosis reported as dying from some other cause. (*g*) Census form used by all tuberculosis institutions in New York city for reporting the names and addresses of all cases of tuberculosis in the institution for certain given dates during the year.

No. 47.—(*a*) Card: small alphabetical index. All other files center around this index. (*b*) Registration card, blue, for recording all final data concerning every case of pulmonary tuberculosis reported, and all official acts and orders of the Department of Health in connection therewith. (*c*) History card, pink: for recording history, circumstances, social condition, etc., of all cases visited by inspectors or nurses of the Department of Health. (*d*) Nurses' card, white; for reporting progress of cases of tuberculosis under observation by nurses of the Department of Health.

No. 48.—(*a*) Notice to physicians regarding the necessity for reporting cases of tuberculosis. (*b*) Inspectors' report of investigation of cases of tuberculosis not reported by attending physicians.

Inspection and Investigation.

No. 49.—(*a*) Notebooks used by inspectors of the Department of Health for recording all cases assigned to them for investigation. (*b*) Notebook used by nurses of the Department of Health. (*c*) Cover furnished with notebook. (*d*) Bound and interleaved copy of the handbook of the Division of Communicable Diseases furnished all the medical inspectors and nurses of the Department of Health.

No. 50.—(*a*) Report of inspector showing the results of investigation of tuberculosis. (*b*) Postal card used by nurse to recommend charitable aid, admission to hospital, sanitary inspection, forcible removal, etc. (*c*) Card for referring cases to executive office for admission to hospital, charitable aid, etc. (*d*) Card for recording investigation by nurse of home condition of cases of tuberculosis previous to discharge from hospital. (*e*) Card used by nurse for referring patients of tuberculosis to one of the associated tuberculosis clinics, borough of Manhattan. (*f*) Double postal card used for referring patients to charitable organizations or admission to a tuberculosis hospital of the Department of Charities.

No. 51.—Envelops used by inspectors and nurses for forwarding communications to the Division of Communicable Diseases.

No. 52.—Photograph of nurse in home of tuberculosis patient.

No. 53.—Photograph of nurse in home of tuberculosis patient giving patient a gauze handkerchief.

No. 54.—Photograph of nurse in home of tuberculosis patient giving and explaining use of tin cuspidor.

No. 55.—Photograph of nurse in home of tuberculosis patient taking patient's "at home" history.

No. 56.—Photograph of nurse in home of tuberculosis patient explaining circular of instruction to patient.

No. 57.—Photograph of nurse in home of tuberculosis patient preparing to take patient's temperature.

No. 58.—Photograph of nurse in home of tuberculosis patient taking patient's temperature.
No. 59.—Photograph of nurse in home of tuberculosis patient taking patient's pulse-rate and temperature.
No. 60.—Photograph of nurse in home of tuberculosis patient giving patient sputum jar for collection of specimen of sputum.
No. 61.—Photograph of nurse in home of tuberculosis patient ordering fumigation and disinfection in premises vacated by a consumptive.
No. 62.—Photograph of disinfecting station of the Department of Health, borough of Manhattan.
No. 63.—Photograph of wagons used for removal of infected bedding.
No. 64.—Photograph of disinfectors removing infected bedding.
No. 65.—Photograph of disinfecting wagon at the door of dwelling.
No. 66.—Photograph of disinfecting machine at disinfecting building, Department of Health, borough of Manhattan.

Fumigation and Disinfection.

No. 67.—Photograph of disinfecting room, disinfecting station, Department of Health, borough of Manhattan.
No. 68.—Photograph of disinfecting room, disinfecting station, Department of Health, borough of Manhattan.
No. 69.—Photograph of disinfecting apparatus used by disinfectors in private dwellings.
No. 70.—Photograph of disinfector at work in private dwelling.
No. 71.—(*a*) Card used by inspector for ordering fumigation of premises and disinfecting bedding and goods. (*b*) Slip forwarded with fumigation card to the Division of Contagious Diseases.
No. 72.— (*a*)Book used to record all facts in connection with the fumigation of premises for tuberculosis. (*b*) Fumigation certificate forwarded by physician who wishes to do his own fumigation.

Renovation.

No. 73.—(*a*) Complaint blank used by inspector in recommending renovation of infected premises vacated by patient suffering from pulmonary tuberculosis. (*b*) Poster put up by inspector on all vacated premises where renovation has been ordered.
No. 74.—(*a*) Order issued by Sanitary Division of Department of Health, enforcing renovation of premises for tuberculosis. (*b*) Request for modification or relief from renovation order for tuberculosis, issued by the Department of Health. (*c*) Journal for recording all facts in connection with inspector's complaint regarding disinfection.

Removal to Hospital.

No. 75.—Photograph, ambulance station, East 16th Street, borough of Manhattan.
No. 76.—Photograph, ambulance at East 16th Street.
No. 77.—Photograph, ambulance at East 16th Street.
No. 78.—Photograph, coupe of the Department of Health taking a tuberculosis patient from private house for removal to hospital.
No. 79.—Photograph, coupe of Department of Health taking a tuberculosis patient from a private house for removal to hospital.

No. 80.—Photograph, Health Department hospital boat, "Franklin Edson."
No. 81.—Report of inspector recommending forcible removal by an inspector of the Department of Health.

Circulars Distributed by Inspectors and Nurses.

No. 82.—"Information for Consumptives and Those Living with Them."
No. 83.—"Information for Consumptives and Those Living with Them." (English-Yiddish.)
No. 84.—"Information for Consumptives and Those Living with Them." (English-Italian.)
No. 85.—"Information for Consumptives and Those Living with Them." (English-Bohemian.)
No. 86.—"Information for Consumptives and Those Living with Them." (English-Slovack.)
No. 87.—"Information for Consumptives and Those Living with Them." (English-Polish.)
No. 88.—"Information for Consumptives and Those Living with Them." (English-Ruthenian.)
No. 89.—"Information for Consumptives and Those Living with Them." (English-Chinese.)
No. 90.—"Information Regarding the Dangers of Sweeping and Dusting." (English-German, English-Yiddish, English-Italian.)

Reports.

No. 91.—Records of work done, daily borough journal for recording all important facts in connection with the sanitary supervision of tuberculosis.
No. 92.—(*a*) Weekly record of work performed by individual inspectors of the Division of Communicable Diseases. (*b*) Weekly report of work performed by inspectors of the Division of Communicable Diseases.
No. 93.—(*a*) Weekly record of work performed by individual tuberculosis nurses of the Division of Communicable Diseases. (*b*) Card: Weekly report of tuberculosis nurses of the Division of Communicable Diseases.
No. 94.—Tabulation sheet used for compiling the statistics regarding pulmonary tuberculosis in New York city.

Note.—This same system is in use in connection with typhoid fever and cerebrospinal meningitis, as will be noted. The cases are subdivided as follows: Sex, two divisions; age, five divisions; race, seven divisions; making in all seventy divisions on one sheet being used for each division, and all deaths being recorded by red tally mark, and living cases by black tally mark.

No. 95.—(*a*) Weekly report to Bureau of Records of new cases of communicable diseases according to wards. (*b*) Daily report of cases of communicable diseases for publication on school list. (*c*) Daily report to sanitary superintendent of communicable diseases reported.
No. 96.—Weekly record of the Division of Communicable Diseases.
No. 97.—Weekly report of the Division of Communicable Diseases.
No. 97½.—Weekly report of the Division of Communicable Diseases (concluded); daily report of communicable diseases.

Section III.—Tuberculosis Clinics and Dispensaries.

Manhattan Tuberculosis Clinic.

No. 98.—Photograph, exterior of building.
No. 99.—Photograph, exterior of building.
No. 100.—Photograph, registration-room, where histories are taken and all records kept.
No. 101.—Photograph, tuberculosis files in registration-room.
No. 102.—Photograph, women's waiting-room.
No. 103.—Photograph, men's waiting-room.
No. 104.—Photograph, men's and women's waiting-room.
No. 105.—Photograph, wall sign in men's waiting-room giving instructions in four languages regarding coughing and spitting.
No. 106.—Photograph, throat-room.
No. 107.—Photograph, throat-room.
No. 108.—Photograph, *x*-ray-room.
No. 109.—Photograph, examining patient's lungs with fluoroscope.
No. 110.—Photograph, *x*-ray photograph, No. 1168. J. F. Tuberculosis of both lungs, partial consolidation and infiltration of right lung, infiltration of left lung.
No. 111.—Photograph, *x*-ray photograph. No. 559. T. M. Tuberculosis of both lungs, infiltration more pronounced on right side.
No. 112.—Photograph, *x*-ray photograph. No. 826. J. J. S. Normal chest, except for slight infiltration around the root of left lung.
No. 113.—Photograph, *x*-ray photograph. No. 598. S. W. Calcified deposit on left side.
No. 114.—Photograph, *x*-ray photograph. No. 1585. M. L. Tuberculosis of both lungs, disseminated infiltration, mostly on right side.
No. 115.—Photograph, *x*-ray photograph. No. 453. J. O'M. Tuberculosis of right lung, disseminated infiltration, a few calcified deposits on left side.
No. 116.—Photograph, *x*-ray photograph. No. 1050. T. W. Tuberculosis of left lung, very slight infiltration of apex.
No. 117.—Photograph, *x*-ray photograph. No. 505. T. A. Normal lung.
No. 118.—Photograph, *x*-ray photograph, No. 964. M. H. Tuberculosis of both lungs, infiltration more marked on right side.
No. 119.—Photograph, *x*-ray photograph. No. 762. E. S. Tuberculosis of both lungs, marked infiltration of both lungs.
No. 120.—Photograph, drug-room of the clinic.
No. 121.—Photograph, examining-room.
No. 122.—Photograph, men's examining-room.
No. 123.—Photograph, women's examining-room.
No. 124.—Photograph, performing Calmette test.
No. 125.—Photograph, examining eyes for Calmette test.
No. 126.—Photograph, drug laboratory, where all medicines for the tuberculosis clinic and hospital of the Department of Health are prepared.
No. 127.—Photograph, Freeman Branch of the New York Diet Kitchen Association.

Brooklyn Tuberculosis Clinic.

Photographs:

No. 128 to 138.—Exterior of building. Waiting-room. Waiting-room.

Registration-room. Registration-room. Registration-room. Examination-room. Weighing-room. Examination-room. Throat-room. Hallway on main floor.

Bronx Tuberculosis Clinic.

Photographs:

No. 139 to 142.—Exterior of building. Waiting-room. Examination-room. Throat-room.

Tuberculosis Clinic.

No. 143.—Registration (*a*) Daily journal for recording all important data regarding new and old cases visiting clinics. (*b*) Admission card used by patient. (*c*) Envelop for admission card; primary history blank. (*d*) Envelop for same.

No. 144.—Registration: (*a*) Throat, nose, and ear history blank. (*b*) Urine, blood, sputum, and *x*-ray history blank.

No. 145.—Registration: (*a*) Diagram card. (*b*) Weekly record card. (*c*) Nurse's card giving home conditions, circumstances, and surroundings, together with the clinical course of case.

No. 146.—Registration: (*a*) Children's clinic record card used for recording results of examination of school-children. (*b*) Alphabetical name and address index card.

No. 147.—Registration: (*a*) Letter to physician or person referring case of tuberculosis to clinic for examination. (*b*) Card requesting patient to call at Tuberculosis Clinic, Department of Health, for examination for admission to hospital. (*c*) Card for recording results of examination of applicants for admission to the New York State Hospital for the treatment of incipient tuberculosis at Ray Brook. (*d*) Weekly report of work of tuberculosis clinics. (*e*) Pocket sputum flask issued to patients. (*f*) Gauze handkerchief furnished patients. (*g*) Aseptic drinking-cup used in clinics.

No. 148.—Registration: Tabulation sheet used for preparing statistics recording cases of tuberculosis treated at the tuberculosis clinic. (See No. 94.)

No. 149.—Registration: (*a*) Requisition on New York Diet Kitchen Association for milk and eggs furnished patients of the New York Tuberculosis Clinics. (*b*) Requisition on Brooklyn Bureau of Charities.

No. 150.—Circular of advice to patients. English.

No. 151.—Circular of advice to patients. German.

No. 152.—Circular of advice to patients. Italian.

No. 153.—Circular of advice to patients. Yiddish.

No. 154.—Circular of information regarding clinics for the treatment of communicable diseases.

No. 155.—Drug formulary of the Tuberculosis Clinics of the Department of Health.

Association of Tuberculosis Clinics.

No. 156.—Map of clinics in the borough of Manhattan.

No. 157.—(*a*) Weekly report of the Department of Health Clinic to Association of Tuberculosis Clinics. (*b*) Pamphlet descriptive of the Associated Tuberculosis Clinics, by J. S. Miller, M.D., president of the association.

No. 158.—Diagram of plan of coöperation in tuberculosis work through the Association of Tuberculosis Clinics.

No. 159.—(*a*) Postal card report requesting the Department of Health not to visit cases. (*b*) Postal card report to the Department of Health of cases discontinuing or resuming treatment. (*c*) Double reference card used for transferring patients from one clinic to another.

SECTION IV.—COLLECTION AND EXAMINATION OF SPECIMENS OF SPUTUM IN THE DIAGNOSIS LABORATORY OF THE DEPARTMENT OF HEALTH.

Diagnosis Laboratory.

No. 160.—Circular descriptive of the work and the products of the Diagnosis and other laboratories of the Department of Health.

No. 161.—Booklet descriptive of the work of the Diagnosis Laboratory and giving a list of culture stations.

No. 162.—Circular calling attention to the importance of bacteriological examination of the sputum in the early diagnosis of pulmonary tuberculosis.

No. 163.—Photograph, map of culture stations in the boroughs of Manhattan and the Bronx.

No. 164.—Photograph, collecting specimens of sputum from a drug-store acting as a station of the department.

No. 165.—Photograph, white enamel cabinet in drug-store acting as a station of the Department of Health. (Open.)

No. 166.—Same cabinet. (Closed.)

No. 167.—Photograph, supply box furnished by the Department of Health to smaller drug-stores.

No. 168.—Photograph, preparation of specimens of sputum for examination.

No. 169.—Photograph, staining outfit used in preparation of specimens of sputum for examination.

No. 170.—Photograph, record- and report-room.

No. 171.—Photograph, cabinet for storage of tuberculosis smears.

No. 172.—Photograph, microscopical examination of specimens of sputum for tubercle bacilli.

No. 173.—Photograph, wash- and sterilizing-room.

No. 174.—Photograph, sterilizing apparatus in wash-room.

No. 175.—Photograph, supply-room.

No. 176.—Chart showing the number of specimens of sputum examined during 1906, 1907, and 1908, together with the number of specimens showing tubercle bacilli.

No. 177.—(*a*) Sputum slip forwarded with sputum jar. Envelop for filing same. (*b*) Sputum jar for collecting specimen of sputum. (*c*) Manifold book for forwarding duplicate slips with specimens of sputum from department clinics and hospitals.

No. 178.—(*a*) Blank for reporting presence of tubercle bacilli in a specimen of sputum. (*b*) Blank for reporting failure to find tubercle bacilli in specimen of sputum. (*c*) Blank requesting name and address of the patient from whom the specimen was taken. (*d*) Blank requesting the name and address of attending physician. (*e*) Card notifying physician that specimen of sputum forwarded by him was leaky and could not be examined.

No. 179.—Weekly journal for recording results of examinations of pathological specimens forwarded from all boroughs.

No. 180.—(*a*) Weekly report of the Assistant Director of the Diagnosis Laboratory. (*b*) Daily summary according to boroughs of sputum examinations made in the Diagnosis Laboratory.

No. 181.—*Culture Stations:* (*a*) Card, druggists' card for supplies for culture stations. (*b*) Postal, notice to druggist that culture station supplies have been forwarded. (*c*) Card, nurse's report of inspection of culture station.

Section V.—Riverside Hospital for Advanced Cases of Pulmonary Tuberculosis.

No. 182.—Water-color painting of North Brother Island and Riverside Hospital.

Riverside Hospital.

Photographs:

No. 183.—View of North Brother Island, East River, New York.

Nos. 184–187.—Views of North Brother Island, East River, New York, from boat.

Nos. 188–190.—Views of North Brother Island, East River, New York, from lighthouse.

No. 191.—Patient being removed from Department Hospital boat, "Franklin Edson."

No. 192, 193.—Tuberculosis wards, exterior.

No. 194.—Tuberculosis wards, interior.

No. 195.—Tennis grounds.

No. 196.—Tuberculosis patients on grounds.

No. 197.—Group of tuberculosis patients.

Diagrams and Charts:

No. 198.—Copy of deck plan of the Department hospital boat.

No. 199.—Architect's sketch of proposed tuberculosis pavilion.

No. 200.—Proposed tuberculosis pavilion, ground floor.

No. 201.—Proposed tuberculosis pavilion, first floor.

No. 202.—Proposed tuberculosis pavilion, second floor.

No. 203.—(*a*) Primary history card. (*b*) Later history card. (*c*) Clinical examination card showing result of examination of sputum, urine, and blood.

No. 204.—(*a*) Temperature chart. (*b*) Admission card furnished patient by Division of Communicable Diseases. (*c*) Card of information regarding visiting hours printed in English, German, Italian, and Yiddish.

No. 205.—(*a*) Daily report of admissions, discharges, and deaths. (*b*) Weekly report of tuberculosis patients in the hospital.

No. 206.—Waiting-list for Riverside Hospital, showing two allotments according to boroughs.

Section VI.—Otisville Sanatorium for the Treatment of Incipient and Early Favorable Cases of Pulmonary Tuberculosis.

No. 207.—Large water-color painting of Otisville Sanatorium.

Photographs:

No. 208.—Panorama of Otisville Sanatorium.

No. 209.—Peach orchard.
No. 210.—Grove of pine trees.
No. 211.—General view of building.
No. 212.—Administration building and employees.
No. 213.—Dew Drop Inn.
No. 214.—Single shack for patients.
No. 215.—Double shack for patients.
No. 216.—Dining-room building.
No. 217.—Tent used by patients.
No. 218.—Interior of kitchen and dining-room building.
No. 219.—Wash-room in single shack.
No. 220.—Dairy barn.
No. 221.—Dairy barn and cows.
No. 222.—Cows in yard at dairy barn.
No. 223.—Architect's plan, first floor of two-story shack.
No. 224.—Architect's plans of south elevation of two-story shack.
No. 225.—Patient on arrival at sanatorium.
No. 226.—Examination of patients on arrival.
No. 227.—Patients, nurses, and staff.
No. 228.—Group of nurses.
Nos. 229, 230.—Patients in dining-room.
No. 231.—Patients on couches in double shack.
No. 232.—Patients ready for discharge as an "arrested" case.
No. 234.—(*a*) Primary history card. (*b*) Later history card. (*c*) Clinical examination history card showing two results of examination of sputum, urine, and blood.
No. 235.—(*a*) Temperature, pulse, and respiration record card. (*b*) Card of instruction furnished patients on admission to sanatorium.
No. 236.—(*a*) Daily report of admissions, discharges, and deaths. (*b*) Weekly report of condition of tuberculosis patient in the sanatorium.
No. 237.—Plan of proposed tuberculosis sanatorium and camp.

TUBERCULOSIS INFIRMARY OF THE METROPOLITAN HOSPITAL, DEPARTMENT OF PUBLIC CHARITIES, NEW YORK CITY.

Photographs.

1. Lighthouse at end of Blackwell's Island. 2. Superintendent's cottage. 3. Dormitory for male help. 4. Nurses' home—old building. 5. Nurses' home—new building. 6. Main hospital building. 7. Main hospital building entrance. 8. Annex building. 9. Morgue. 10. Building for medical cases—male. 11. Pavilions. 12. Power-houses. 13. Solarium, patients on piazza. 14. Building for male tuberculosis patients. 15. Building for female tuberculosis patients. 16. Tents for male tuberculosis patients. 17. Tents for female tuberculosis patients. 18. Dining-room for male tuberculosis patients. 19. Entrance to grounds. 20. Grounds—patients on sea-wall. 21. Stables. 22. Steward's building. 23. Medical board. 24. House staff. 25. Infirmary nurses. 26. May party—tubercular children. 27. Ambulance. 28. Interior of operating-room. 29. Interior of corridor. 30. Interior of division of ward. 31. Interior of ward T. 32. In-

terior of laundry. 33. Interior of solarium. 34. Interior of diet kitchen. 35. Interior of ward K. 36. Interior of tent. 37, 38, 39. Interior of *x*-ray laboratory. 40. Interior of ward for male tuberculosis patients.

Radiographs.

1. Thorax—normal. 2. Thorax—tubercular. 3. Thorax—showing bronchi. 4. Thorax—showing circulation. 5. Heart. 6. Brain. 7. Liver. 8–10. Parts of body.

Pathological Specimens.

1–3. Miliary tuberculosis of lung. 4, 5. Miliary tuberculosis of kidney. 6, 7. Miliary tuberculosis of spleen. 8, 9. Miliary tuberculosis of liver. 10–14. Peribronchial tuberculosis. 15–20. Tuberculosis of larynx. 21–25. Tuberculosis of intestines. 26. Tuberculosis of vertebra. 27. Tuberculosis of testicle. 28. Healing tuberculosis of lung. 29, 30. Tubercular cavity of lung. 31. Tubercular hydropneumothorax.

Dressed Dolls.

1. Doctor in uniform—interne. 2. Doctor in operating-room suit. 3. Head nurse. 4. Pupil nurse. 5. Operating-room nurse. 6. Permanent nurse. 7. Infirmary patient—male—winter suit. 8. Infirmary patient—male—pajamas. 9. Infirmary patient—female—winter suit. 10. Infirmary patient—female—summer suit. 11. Hospital patient. 12. Hospital patient—female. 13. Boy—winter suit. 14. Boy—summer suit. 15. Girl—winter suit. 16. Girl—summer suit.

Architect's Plans and Drawings—Metropolitan Hospital.

1. Bird's-eye perspective. 2. Plan—general layout. 3, 4. Working plans—floors. 5, 6. Elevations.

Staten Island Hospital.

1. Bird's-eye perspective. 2. Plan—general layout. 3–5. Working plans—floors. 6–8. Elevations.

Model of tent for tuberculosis patients.

Charts.

1. Totals—admitted, discharged, died. 2. Proportion of sexes. 3. Nationalities. 4. Ages—by decads. 5. Occupations. 6. Tubercle bacilli—present or absent. 7. Hemorrhage—present or absent. 8. Night-sweats. 10. Classification according to severity of lesions. 11, 12. History and record blanks.

OHIO.

Cleveland.

Tuberculosis Dispensary Clinics, showing patients in waiting room, consulting- and examining-rooms. (2 cards.)

Children's Tent Colony for the treatment of children with pulmonary tuberculosis during the summer months. Opened in 1907. Twenty children accommodated. Striking improvement in every case. (3 cards.)

Rainbow Cottage. For treatment of children with bone tuberculosis.

Holy Cross House. For crippled children from poor homes. Children kept indefinite periods, and prepared for lives of usefulness.

Goodrich House Camp. Offers two weeks' outing to children from this settlement house.

Hiram House Camp. Offers two weeks' outing to children from this settlement house.

House Gardening Association. School gardens and neighborhood gardens cared for by children. Prizes offered for the best kept and most artistic garden.

Milk Fund Association. Maintains a model dairy. Two milk stations in congested portions of the city offer pure milk at 6 cents a quart.

Lean-to and Ward of Warrensville Sanatorium. A municipal institution in temporary quarters located on the city farm. For treatment of favorable cases. 105 beds. Splendid site for permanent sanatorium to be erected as soon as the necessary funds are forthcoming.

City Sanatorium—Scranton Rd. For treatment of advanced cases. 90 beds.

Street Cleaning, showing large water-wagons used to flush streets.

Visiting Nurse Association. Showing the nurse in different lines of district work.

Tuberculosis Dispensary. Showing arrangement of rooms. (1 card.)

City Farm Colony at Warrensville. Comprises 2000 acres of beautiful farmland. To be used as location of city infirmary, workhouse, tuberculosis sanatorium, detention hospital, etc.

Warrensville Sanatorium for favorable cases; proposed buildings.

Charts and Maps:

Large blue print showing the coöperative relationship between the Antituberculosis League and other organizations.

Sample weight charts of patients treated at the Warrensville Sanatorium.

Reproduction of map in city health office showing location of cases reported in one year.

Relief map, showing places where material aid has been given by city authorities.

Sample of record cards in tuberculosis dispensary.

Emergency Bag used by visiting nurses in this district.

Children's Tent Colony for pulmonary tuberculosis, showing the elevation of grounds, distribution of tents and buildings, woods, gardens, etc. Model of tents used in Children's Tent Colony.

Columbus.

Dispensary.

Interior view of private office. Interior examining-room. Interior of waiting-room. Interior of patient's room at first visit of nurse. Interior view after sanitary arrangement by nurse. Patient in open camp. Interior view of tent camp. Interior of tent in camp with patients and nurses. Interior of camp dining-room. Interior of camp kitchen. City map, showing location of cases, deaths, and removals. Literature.

Cincinnati.

The Original Branch Hospital Building.
The first public institution in the United States to be devoted exclusively to the treatment of consumption. Opened July 7, 1897. Now used as hospital for advanced cases.

Sanatorium just completed. For acute curable cases.

New hospital building. For male patients with fibroid phthisis and colored males.

Sanatorium for incipient cases.

Building for domestic service and quarters for employees.

Nurses' home.

Photographs giving views of Branch Hospital grounds.

Photographs giving method of outdoor treatment.

Photographs showing:

1. Laundry building.
2. Heating plant.
3. View of buildings.
4. A few of the patients.

Photographs of interior of wards.

Photographs of ward, kitchen, and dining-room.

Photographs:

1. Entrance to Branch Hospital.
2. Superintendent, physicians, and some of the nurses.
3. Ward in new building, showing sanitary floor.
4. Board of health dispensary building.

Charts and Maps. Charts showing method of keeping daily record, indicating treatment and recording temperature. The first shows incidentally the effect of rest in treatment, and the second the inverse type of the temperature curve. The red dot shows the morning temperature.

Page from record book. Sketch of Branch Hospital.

Dietary of Branch Hospital. Two tables showing amount and nutritive value of the staple daily ration.

History, temperature chart, and specimen of case of congenital tuberculosis.

Map of Cincinnati showing the proportion of deaths from tuberculosis in various parts of the city.

Map of Cincinnati, showing location of residences of persons dying from tuberculosis during ten years.

Chart giving the age, sex, and color of persons dying from tuberculosis during the years 1894–1903; showing also the proportion of pulmonary and extrapulmonary forms of the disease and the proportion of persons dying from tuberculosis during each age period.

Charts showing the age, sex, and color of persons dying from the various forms of extrapulmonary tuberculosis; the irrelative frequency in the United States and Cincinnati, and a diagram illustrating the prevalence of the different forms of tuberculosis at different ages.

Charts—(1) Illustrating proportion of deaths from all causes and tuberculosis. (2) Showing the percentage of deaths from infective diseases. (3) The number of deaths during each age period from tuberculosis.

(4) Showing the relative mortality from tuberculosis during the months of the year.

Charts showing: (1) The proportion of deaths from tuberculosis in Cincinnati and neighboring cities. (2) The financial aspect of tuberculosis in Cincinnati. (3) Classes of dwellings and tuberculosis.

Charts showing the tuberculosis and general mortality rates in the twelve largest cities in the United States.

Chart showing the influence of occupation on tuberculosis in the United States and Cincinnati.

Toledo.

Dispensary.

Exterior. Inside dispensary waiting-room.

Inside dispensary consulting-room.

One of our tents.

One of our balconies.

Map of Toledo in three colors showing cases treated during the last year—our first year open.

Green—Those now under our care.

Blue—Those who have been under our care and have gone out of the city.

Red—Those who have died under our care.

Sanatoriums.

Ohio State Sanatorium.

Administration block, looking north.

Administration block, looking northeast.

Administration block, looking northwest.

Administration block, looking east.

Administration block, looking south.

Administration block, dining-room.

Administration block, amusement hall.

Panoramic view.

Shack, perspective and floor plan.

Reception cottage, perspective and floor plans.

Mahoning County.

County hospital for tuberculosis. (2 views.)

Franklin County.

County hospitals for tuberculosis. (2 views.)

PENNSYLVANIA.

State Department of Health.

1. Chart, showing the number of deaths from tuberculosis as compared with other principal causes of deaths for the last year, 1907.
2. Map of Pennsylvania, showing the death-rate from tuberculosis per 100,000 of inhabitants for each county, and, by shaded areas, the comparative rates according to four principal groups.
3. Chart, showing the deaths from tuberculosis by age periods.

4. Chart, showing the annual cost of tuberculosis to the State and to the people thereof, as compared to the annual value of certain agricultural products.
5. Chart, showing the amount appropriated by the State of Pennsylvania, exclusively for tuberculosis work, from 1893 to the present time.
6. Map of Pennsylvania, showing the division of the State into seven hundred and thirty-three sanitary districts.
7. Map of Pennsylvania, showing the location of dispensaries for the free treatment of tuberculosis in each of the sixty-seven counties, embracing an area of 46,017 square miles and a population of 6,928,575.
8. Photograph of the exterior and interior of the Harrisburg Dispensary.
9. Photograph of the exterior and interior of the Pittsburg Dispensary.
10. Photographs of Scranton and Easton Dispensaries.
11. Photographs of Wilkes-Barre and Allentown Dispensaries.
12. Relief models of grounds and buildings of the Pennsylvania State South Mountain Sanatorium.
13. Panoramic view of South Mountain Reservation, showing the group of sanatorium buildings in the distance.
14. Panoramic view, showing some of the original shacks and the construction of new cottages, pavilions, bath-houses, etc.
15. Panoramic view of the mountains from Rocky Point, near sanatorium.
16. Panoramic view of part of the old camp.
17. Panoramic view of sewage disposal plant.
18. Photograph of a mountain view near the camp.
19. Photograph of model cottage for incipient cases.
20. Photograph, showing the relative position of cottages, the corners of which correspond to the four points of the compass.
21. Photograph of Administration Building and station team.
22. Photograph of part of the medical and nursing staff.
23. Photograph of group of patients in which the disease has been arrested.
24. Photograph of one of the present chicken-houses.
25. Photograph of white pine forest, adjoining camp.
26. Model of cottage for incipient cases.
27. Model of open-air pavilion.
28. Model of tent.
29. Chart, front and side elevation of dining-hall.
30. Chart, first-floor plan of dining-hall.
31. Chart, second-floor plan of dining-hall.
32. Chart, front side and rear elevation of infirmary.
33. Chart, first-floor plan of infirmary.
34. Chart, second floor of infirmary.
35. Chart, elevation and first and second floor of laundry.
36. Chart, elevation, and floor plans of open-air pavilions, bath-houses, toilet buildings, and cottages.
37. Physician's dispensary coat.
38. Disinfector's suit.
39. The department's disinfecting apparatus.
40. Nurses' dispensary garb.
41. Sputum cups.
42. Laboratory outfit for sputum examination.

43. Anti-spitting sign.
44. Biological products.
45. Photographs of pathological laboratories.
46. Photographs of pathological laboratories.
47. Photographs of State Capitol.
48. Floor plan of Capitol building, showing the location and space occupied by the Department of Health.
49. Photograph of machines used in tabulating statistics of morbidity and mortality.

Cartographic Display in Leaf Cabinet.

50. Copy of the Act of Assembly, creating the Department of Health, and empowering it to make rules and regulations concerning communicable diseases. It is under the authority conferred by this Act that tuberculosis is made a reportable affection.
51. (*a*) A copy of the rules and regulations of the Department of Health, making tuberculosis a reportable affection and specifically prescribing the methods of reporting both in municipalities and rural sections. (*b*) Report cards, supplied to physicians for the purpose of reporting tuberculosis occurring in rural districts to health officers. These reports are in turn forwarded to the State Department of Health, with additional reports as to any action by the health officer. Upon their receipt in the Department of Health they are filed for future reference according to locality and are tabulated for statistical purposes.
52. Copies of blanks supplied to boards of health in municipalities and to institutions for making returns of communicable diseases, including tuberculosis, to the Department of Health. Under the regulations as set forth in Exhibit No. 45, boards of health in municipalities and institutions are required to report at the end of each week all cases of communicable diseases which have been reported to them by physicians. Upon receipt of these reports in the Department of Health they are filed for reference according to locality and tabulated for statistical purposes.
53. (*a*) Copies of cards, requesting health officers to disinfect premises upon the removal or death of the tuberculous occupant. These cards are supplied to physicians for the purpose of making requests for disinfection of premises. (*b*) Form 37 is the card upon which the local health officer advises the county medical inspector of the disinfection of any premises within his jurisdiction. (*c*) Form 38 is a certificate of disinfection which is issued by health officers to the owner or occupant of the premises which have been disinfected for any purpose.
54. Copy of directions issued by the Department of Health for room disinfection following cases of communicable diseases, including tuberculosis, either by formaldehyd gas or sulphur. A room is taken as the unit of house disinfection.
55. A copy of the Act of Assembly, appropriating the sum of $600,000 for the establishment of tuberculosis sanatorium, and $400,000 for the establishment of dispensaries.
56. (A) Request cards for supplies for dispensaries.

(B) Card index file of dispensary patients.
(C) Notice of dispensary of change of residence.
(D) Notice to patient to call at dispensary for examination for admission to State Sanatorium.
(E) Result of examination for admission to State Sanatorium.
(F) Health officers' and nurses' weekly report to dispensary of visits to tuberculosis stations.

57. (A) Application blank for treatment at tuberculosis dispensary.
(B) Tuberculosis dispensary card.
(C) Individual history and examination records of dispensary patients.

58. (A) Dispensary examination blank for throat, nose, and ear.
(B) Health officers' and nurses' report.
(C) Detailed report of inspections and visitations.

59. (A) Physical diagnosis chart of dispensary patients.
(B) Record of treatment and condition of dispensary patients.

60. (A) Dispensary monthly report of new patients.
(B) Detailed monthly dispensary report.
(C) Order for supplying milk to dispensary patients.
(D) Acknowledgment of supplies received at dispensary.

61. (A) Application for admission to sanatorium.
(B) Index card of waiting list for sanatorium.
(C) Index card for inventory of personal property.
(D) File index card for sanatorium patients and reverse of same.

62. (A) Individual history and examination record of sanatorium patients.
(B) Sanatorium examination blank for nose, throat, and ear.

63. (A) Physical diagnosis chart for sanatorium patients.
(B) Notes, treatment, and diet chart for sanatorium patients.

64. (A) Weekly case record of sanatorium patients.
(B) Reverse of same.

65. (A) History chart for sanatorium cases.
(B) Inspection chart for sanatorium cases.

66. (A) Monthly report of new patients admitted to sanatorium.
(B) Detailed monthly report of sanatorium.

67. (A) Report of a case of tuberculosis on individual report card.
(B) Punch card for tabulating statistics from Card A.
(C) Certificate of death from tuberculosis of the lungs.
(D) Punch card for tabulating statistics from Certificate C.

Autochromes.

The development of color photography has afforded an opportunity to perpetuate the colors contained in fresh pathological specimens. The color plates shown were made from specimens immediately after autopsy, and are, therefore, free from the bleachings and contractions which take place in preserved specimens. While the entire process may be considered more or less in its infancy, the results forecast that color photography will have an important place in pathological studies.

68. View of the costal surface of left lung of a case of chronic ulcerative tuberculosis with cavity formation.

69. View of the internal surface of left lung shown in No. 1, showing root of severed bronchi and vessels.

70. View of section surface of superior and interior lobes of right lung, the mate of Nos. 1 and 2.
71. View of costal surface of left lung, showing a marked condition of anthracosis.
72. Section of right lung showing chronic ulcerative tuberculosis with caseous masses in the lower lobe.
73. View of the right lung, showing extensive caseous pneumonia in the late stage in the anterior interior half of the superior lobe.
74. View of the costal surface of right lung, showing a slightly congested condition with a moderately high degree of subpleural anthracosis.
75. View of the internal surface of No. 7 (right lung).
76. Photograph, No. 9. Complete section of both lobes of tuberculous (left) lung on posterolateral surface.
77. Photograph, No. 10. View of tuberculous left lung, showing section through both lobes, also section of spleen.
78. Photograph, No. 11. Another view of specimens shown in No. 10.
79. Photograph, No. 12. View of section of right lung, showing cavity and infected glands.
80. Chart, showing infection with tuberculosis of the successive occupants of an isolated farm-house.
81. Weighing and measuring scale used in dispensaries.
82. Instrument used in diagnosis and treatment in dispensaries.
83. Copy of the first annual report of Dr. Samuel G. Dixon, Commissioner of Health, for the year 1906.
84. Reprints of articles published by Dr. Samuel G. Dixon, Commissioner of Health, relating to curative and immunizing biological products.

RUSH HOSPITAL FOR THE TREATMENT OF CONSUMPTION AND ALLIED DISEASES.

86. Photograph (four sections).
    (A) View of hospital, Thirty-third Street and Lancaster Avenue, Philadelphia, Pa.
    (B) Another view of hospital, showing open porch, where patients sleep.
    (C) Men's ward in city hospital, capacity, 15 beds.
    (D) Part of women's ward in city hospital, 10 beds.
87. Photograph (four sections).
    (A) Men's shelter, country branch, Malvern, Pa.
    (B) View of one of the wings, men's shelter, country branch, Malvern, Pa.
    (C) Sitting-room in men's shack, Malvern, Pa.
    (D) Men's dining-room in main building, country branch, Malvern, Pa.
88. Photograph (four sections).
    (A) View of woman's sitting-room in new shelter, country branch, Malvern, Pa.
    (B) Sleeping shelter for women, country branch, Malvern, Pa.
    (C) Women's dining-room, country branch, Malvern, Pa.
89. Photograph (three sections).
    (A) Main building, country branch, Malvern, Pa.
    (B) Private room, country branch, Malvern, Pa.
    (C) Nurses' home, country branch, Malvern, Pa.

90. Chart, basement plan, Rush Hospital for the Treatment of Consumption and Allied Diseases, Thirty-third Street and Lancaster Avenue, Philadelphia, Pa.
91. Chart, first-floor plan, Rush Hospital for the Treatment of Tuberculosis and Allied Diseases, Thirty-third Street and Lancaster Avenue, Philadelphia, Pa.
92. Chart, second- and third-floor plan, Rush Hospital for the Treatment of Consumption and Allied Diseases, Thirty-third Street and Lancaster Avenue, Philadelphia, Pa.
93. Chart, fourth-floor plan, Rush Hospital for the Treatment of Consumption and Allied Diseases, Thirty-third Street and Lancaster Avenue, Philadelphia, Pa.

Cartographic Display.

94. (A) Report card for dispensary of Rush Hospital for the Treatment of Consumption and Allied Diseases.
    (B) Rules to be observed by patients of Rush Hospital for the Treatment of Consumption and Allied Diseases.
95. Blanks used in the dispensary of Rush Hospital for the Treatment of Consumption and Allied Diseases.
96. History and physical examination chart, Rush Hospital for the Treatment of Consumption and Allied Diseases.
97. Notes, treatment, and medicine chart, Rush Hospital for the Treatment of Consumption and Allied Diseases.
98. Diet list for one week, Rush Hospital for the Treatment of Consumption and Allied Diseases.
99. Diet list for one week, country branch of Rush Hospital for the Treatment of Consumption and Allied Diseases.

CHESTNUT HILL HOME FOR CONSUMPTIVES.

100. Photograph, showing the exterior of the buildings and cottages.
101. Photograph, showing open porches, communicating with individual rooms: interior views of individual rooms; inclosed passageway connecting cottages; dining-room and chapel.
102. Photograph, showing the headquarters of the Philadelphia Protestant Episcopal City Mission in St. Paul's Church, Philadelphia, Pa.; roof-garden at the House of Mercy; interior of sun-parlor and small porches in Shields and Shepherd Cottage.

Cartographic Display.

103. Blank for application for admission to the Home for Consumptives; history and physical examination chart for the Home for Consumptives.
104. (A, B and C) Washable handkerchief bags for patients of the Home for Consumptives.
    (D) Examination jacket for patients at Chestnut Hill.

GRAND VIEW INSTITUTION FOR THE TREATMENT OF CONSUMPTION, OIL CITY, PA.

105. Photograph, women's pavilion, capacity, 16 beds.
    Photograph of men's pavilion, capacity, 14 beds.

Photograph of administration building.
Photograph of shack accommodating three patients.
Photograph of resident physician's house.

Cartographic Display.

106. (A) Admission blank, Grand View Institution.
(B) Rules, regulations, and suggestions for patients of Grand View Institution.
107. Personal history, physical examination, treatment, and diet blanks of Grand View Institution.

West Mountain Sanatorium, Scranton Society for the Prevention and Cure of Tuberculosis.

108. Photograph of main pavilion and small cottages; view of the sitting-room; view of the ward.

Cartographic Display.

109. (A) Circular of information for consumptives and those living with them.
(B) Circular as to how to clean a room after it has been occupied by a consumptive.

Free Hospital for Consumptives, White Haven, Pa.

110. Photograph, showing view of Free Hospital for Consumptives, White Haven, Pa.

Exhibit of the White Haven Sanatorium.

1. Model of the sanatorium at White Haven, showing all of the buildings and other structures modeled to accurate scale ($\frac{1}{16}$ inch = 1 foot).
2. A key map to the above model, in colors, showing:
   (A) The relative position and size of the buildings, with date and cost of construction, description and use of buildings, bed capacity, etc.
   (B) Water-supply, with source of supply, distribution, etc.
   (C) Illumination of buildings, method of distribution, etc.
   (D) Heating of buildings, methods of distribution, etc.
   (E) Disposal of sewage, methods employed, etc.
   (F) Farm and poultry department.
3. Series of architect's plans used in the construction of the above buildings.
4. Model of shack used for housing patients, constructed to scale.
5. Map of the White Haven district, showing the influence of the public sanatorium for poor people upon the development of private sanatoriums, on a business basis, for the well-to-do, and the relative bed capacity of the latter.
6. A topographical map showing the relative position of the White Haven to other sanatoriums.
7. Series of charts showing medical management. In this series of charts the patient is followed from the time of his application up to the time he is discharged from the institution. These charts are as follows:
   (A) Equipment showing number of beds, etc.

(B) Medical staff.
(C) Rules for visiting physicians.
(D) Rules for resident physicians.
(E) Rules for examining physicians.
(F) Methods of admission of patients.
(G) Classification of patients on admission.
(H) Method of treatment.
(I) Diet of patients.
(J) Graduated work for patients.
(K) Method of recording cases (clinical); charts showing changes in the lungs, larynx, nervous system, treatment, etc.
(L) Results obtained.
(M) Method of discharge of patients with classification of results obtained.

8. Series of charts showing business administration.
   (A) Administration staff at White Haven.
   (B) Administration staff at Philadelphia.
   (C) Sources of income.
   (D) Comparative financial statement of expenditures, etc.
9. The complete series of the ten annual reports.
10. A series of photographs of White Haven and the surrounding country.

Department of Health and Charities, Philadelphia.

111. Chart, showing mortality as affected by density of population.
112. Chart, showing mortality rate per 100,000 of population and percentage to total death-rate for twenty-eight years.
113. Chart, showing mortality by occupations.
114. Series of photographs of the City Infirmary (used for advanced cases); the Glass House (used for cases in the earlier stages of the disease); the sanatorium; convalescents at work upon the farm; floor plans; general construction; exterior and interior views of corridors and wards.
115. A graphic history of a case of tuberculosis.
116. Registration of cases by months, for the years 1906 and 1907.
117. Record of disinfection by months, for the years 1906 and 1907.
118. Record of sputum examinations by months, for the years 1906 and 1907.
119. Cards, circulars, etc., used in the department.
120. Tuberculosis mortality as compared with the diseases.
121. Tuberculosis mortality by ages.
122. Amount expended by the department for the prevention of tuberculosis and for the care of patients, from January 1, 1903, to January 1, 1908.
123. Chart, showing the detailed cost in handling tuberculosis for the year 1907.
124. Display of instructions to nurses, diet, etc.

Tuberculosis League of Pittsburg.

125. Sanatorium buildings and shacks.
126. Sanatorium buildings and shacks.

127. Dispensary charts of tuberculosis treated cases in the dispensary.
128. Educational literature.
129. Chart of patients admitted to the hospital.
130. Charts of patients admitted to the hospital.
131. Dispensary floor plan and elevation.
132. Educational exhibit used in the work in the public schools by Miss Stark.

Pennsylvania Society for the Prevention of Tuberculosis.

I. General.

Four framed cards, showing pictures of unsanitary housing conditions as investigated by the Octavia Hill Association of Philadelphia. Such conditions are gradually being improved by the effective work of the Octavia Hill Association.

Card, outlining facts of housing investigations in Philadelphia, made by the Octavia Hill Association.

Card, in answer to the frequent query: "How can I sleep out of doors while living in the city?"

Card, giving list of hospitals in Pennsylvania treating tuberculosis.

Card, giving list of free dispensaries in Pennsylvania treating tuberculosis.

Card, giving list of sanatoriums in Pennsylvania treating tuberculosis.

Card, stating prevalence of tuberculosis among school-children of Philadelphia. This card explains the necessity of instructing each child upon this subject.

Card, outlining purpose and work of the Pennsylvania Society for the Prevention of Tuberculosis.

Card, explaining the work of the Bureau of Information, conducted by the Pennsylvania Society for the Prevention of Tuberculosis.

Card, summarizing the titles of leaflets of instruction issued by the Pennsylvania Society for the Prevention of Tuberculosis.

Card, outlining work of the Employment Exchange, conducted by the Pennsylvania Society for the Prevention of Tuberculosis.

Educational card, explaining that tuberculosis is a house disease.

Educational card, explaining that alcohol and alcoholic medicines are not cures for consumption.

Educational card, explaining that house dust is a common cause of tuberculosis.

Educational card, explaining that the instructed and *careful* consumptive is not dangerous to those with whom he lives and works.

Educational card, explaining facts regarding the registration of tuberculosis in the city of Philadelphia.

Educational card, explaining facts regarding the disinfection of homes in the city of Philadelphia.

Educational card, explaining facts regarding the examination of sputum in the city of Philadelphia.

Card, outlining educational work of the Pennsylvania Society for the Prevention of Tuberculosis.

Statistical card, showing by colored diagrams deaths from all causes — 1906 — Philadelphia, between the ages of twenty and thirty and thirty and forty years.

Statistical card, showing by diagram deaths from pulmonary and other forms of tuberculosis in Philadelphia by months, 1906.

Statistical card, showing deaths from all causes (1905), by ages.

Statistical card, showing by diagram death-rate per 100,000 population from different causes (1905), registration area U. S., compared with Philadelphia.

Set of publications, containing one each of books and pamphlets on the subject of tuberculosis written by Pennsylvanians.

Two full-size contrasted rooms, one showing unsanitary conditions as frequently found by nurses on the first visit; the other, showing the same room put into sanitary condition.

Two cards containing statements explanatory of the conditions in the two rooms above mentioned.

Card, explaining facts relative to the treatment of five typical cases by the Visiting Nurse Society.

Card, illustrative of the coöperation effected in Philadelphia between the Visiting Nurse Society and the Starr Center Association in fighting tuberculosis.

Card, containing pictures illustrative of the work of the Visiting Nurse Society of Philadelphia.

Six cards, illustrative of the work being done by Consumers' League of Philadelphia in combating tuberculosis among the sweat-shops of that city.

Card, illustrating the work of the Polyclinic Hospital of Philadelphia in combating lupus.

Six cards, illustrating the work being done by the Starr Center Association of Philadelphia (a social settlement) in combating tuberculosis.

Four cards, illustrating the work of the Tuberculosis Dispensary, recently established at the Germantown Hospital, Germantown, Pennsylvania.

Card, illustrating the work of the Widener Memorial Home, Philadelphia, in combating surgical tuberculosis.

Six cards, illustrative of the campaign against tuberculosis being conducted by the Kensington Dispensary, Kensington District, Philadelphia.

Four cards, illustrating the work of the Presbyterian Hospital Tuberculosis Class, Philadelphia.

Twenty-two cards, illustrative of housing conditions in Pittsburg. Taken in connection with the Pittsburg Survey.

Cards, relating to antituberculosis work being done in Wilkes-Barre, Pennsylvania.

Card, outlining the coöperation effected between the Pennsylvania Society for the Prevention of Tuberculosis with the merchants and manufacturers of Pennsylvania.

Card, outlining the coöperation effected between the Pennsylvania Society for the Prevention of Tuberculosis with the labor unions of Pennsylvania.

II. Philanthropic Associations and Institutions and Private Institutions.

Four cards (pictures and comments), unsanitary housing conditions.

Card, outlining investigations made by Octavia Hill Association.

Card (statements), in answer to question: "How can I sleep out of doors while living in the city?"
Card (statements), hospitals and sanatoriums in and around Philadelphia treating tuberculosis.
Card (statements), free dispensaries (Philadelphia) treating tuberculosis.
Card (statements), tuberculosis and school-children of Philadelphia.
Card (statements), The Bureau of Information, Pennsylvania Society for the Prevention of Tuberculosis.
Card (leaflets), issued by the Pennsylvania Society for the Prevention of Tuberculosis.
Card (statements), purpose, Pennsylvania Society for the Prevention of Tuberculosis.
Card (statements), tuberculosis a house disease.
Card (statements), alcohol and alcoholic medicines.
Card (statements), The Pennsylvania Society's Educational Work.
Card (statements), house dust.
Card (statements), do you vote right?
Card (statements), Employment Exchange, Pennsylvania Society.
Card, the instructed consumptive is not dangerous.
Card (statements), registration of tuberculosis.
Card (statements), examination of sputum.
Card (statements), disinfection of homes.
Card (statements), money loss, due to tuberculosis, city of Philadelphia.
Statistical card, deaths from tuberculosis (Pennsylvania), large cities and towns, 1905.
Statistical card (diagrams), deaths from all causes (1906), Philadelphia, twenty to thirty years and thirty to forty years.
Statistical card (diagram), deaths from pulmonary and from other forms of tuberculosis, by months (1906), Philadelphia.
Statistical card (diagram), deaths from all causes (1905), by ages.
Statistical card (diagram), death-rates per 100,000 population, from different causes (1905). Registration area United States, compared with Philadelphia.
Set of publications, Pennsylvania physicians.
One set of contrasted rooms, seven feet high, occupying 150 square feet of floor space. These rooms are carefully trimmed to present the contrast between a sanitary and an unsanitary room.
One cabinet containing sputum cups, drinking cups, etc.
Visiting Nurse Society, Philadelphia, Pa.
Two cards (statements), contrasted rooms.
Card (statements), five typical tuberculous patients.
Card (statements), tuberculosis problem and Visiting Nurse Society in coöperation with the Starr Center Association.
Card (pictures).
Consumers' League, Philadelphia, Pa.
Card (statements), work in sweat-shops.
Three cards (statements), Consumers' League label.
Two cards (statements), protection in employment.
Consumptives' Home, Chestnut Hill, Pa.
Card (pictures).

Presbyterian Hospital, Philadelphia, Pa.
Card (statements), history sheet and nurses' report.
Card (statements), work of the Tuberculosis Class Nurse.
Card (statements), purpose of the Tuberculosis Class.
Card (statements), organization of the Tuberculosis Class.
Polyclinic Hospital, Philadelphia, Pa.
Card (picture).
Starr Center, Philadelphia, Pa.
Four cards (pictures).
Two cards (statements).
Widener Memorial Home, Logan Station, Pa.
Card (pictures).
Germantown Hospital, Germantown, Pa.
Four cards (pictures).
Kensington Dispensary, Philadelphia, Pa.
Six cards (pictures and statements).
Dermady Cottage Sanatorium, Morton, Pa.
Three cards (pictures).
One shack.
Fern Cliff Sanatorium, White Haven, Pa.
One card (pictures).
Blue Ridge Mountain Sanatorium, Blue Ridge Summit, Pa.
Two shacks.
Sunnyrest Sanatorium, White Haven, Pa.
One card (pictures).
One model shack.
The Orchards, White Haven, Pa.
One card (pictures).

Private Institutions of Pennsylvania.

Card, illustrating the work being done at Fern Cliff Sanatorium, White Haven, Pa.
Models of two shacks used at the Blue Ridge Mountain Sanatorium, Blue Ridge Summit, Pa.
Card and one model shack illustrative of the work being done at Sunnyrest Sanatorium, White Haven, Pa.
Card, illustrative of the work being done at the "Orchards," White Haven, Pa.
Cabinet, containing samples of sputum cups, drinking cups, one working model of sputum cup forms, together with paper-cutting outfit.
Three cards illustrative of work being done at Dermady Sanatorium, Morton, Pa.
Model of shack used at Dermady Sanatorium, Morton, Pa.

Henry Phipps Institute.

1. Model of present quarters of the Henry Phipps Institute.
2. Model of proposed new building for the Henry Phipps Institute.
3–8. Architectural plans for proposed new building for the Henry Phipps Institute. (Six wall charts.)
9. Specimen volume of case records.

10–12. Annual reports, bound in leather. (3 volumes.)
13. Set of blank forms of all kinds — hospital, laboratory, and office — bound in one volume.
14. Specimen packages of preventive supplies.
15. Specimen package of preventive supplies open to show contents.
16–18. History of the Henry Phipps Institute.
19. Photograph of present quarters, with description.
20, 21. Points of excellence aimed at in plans for new building.
22. International course of lectures.
23–25. Business management, accounts, etc.
26–28. Laboratory organization, with photographs.
29, 30. Training School for Nurses, with photographs.
31–42. Record of typical hospital case, including history, special examinations, laboratory reports, temperature sheets, autopsy report with bacteriological and historical findings.
43, 44. Hospital statistics for first, second, third, and fourth years.
45. Autopsy records.
46. Diet for hospital patients.
47. Rules for medical staff.
48–50. Photographs, with descriptive text, showing interior of Henry Phipps Institute.
51–56. Record of a typical dispensary case, with history, examinations, special examinations, laboratory reports, inspectress' reports, etc.
57, 58. Dispensary statistics for first, second, third, and fourth years.
59. Method of supplying milk.
60. Method of inspecting.
61. Supplies for prevention.
62. Rules for patients, in English, Yiddish, and Italian.
63. Map of Philadelphia, showing location of 1000 patients treated during first six months.
64. Photographs of dispensary with descriptive text.
65. Special clinics.

Exhibition of Pathological Material: Lesions of Lung and Other Viscera.

66. Chronic tuberculosis of lung, with cavity formation.
67. Tuberculosis of left lung, showing scattered areas of bronchopneumonia, also typical distribution of tubercles in grape-like fashion, following ramifications of bronchi.
68. Right lung. The entire upper lobe is replaced by a large cavity lined by a pseudomembrane. The lower lobe shows numerous miliary tubercles in groups.
69. Left lung. A few tubercles near apex of upper lobe and a few very small ones scattered elsewhere in the lung.
70. Liver. Caseous tubercles of liver from a case of pulmonary tuberculosis.
71. Base of right lung non-tuberculous. Extensive bronchiectasis.
72. Anthracosis of lung with tubercles.
73. Thickening of pleura. Large cavity upper lobe. Conglomerate tubercles and caseous pneumonia.
74. Cavity formation of left lung.
75. Right lung congested. Left lung riddled with cavities.

76. Congestion. Edema of lung. No tuberculous areas found. Alveoli dilated.
77. Hypernephroma.
78. Chronic tuberculosis with cavity formation. Miliary tubercles. Bronchopneumonia.
79. Large cavity with anthracosis.
80. Tuberculosis of lung. Thickened pleura. Cavities.
81. Tuberculosis of lung with cavity formation. Large loculated cavity with trabeculæ running across it.
82. Tuberculosis of the mesenteric lymph-glands.
83. Parietal peritoneum showing tuberculous nodules. Bovine tuberculosis in human being.
84. Chronic tuberculosis of lung with cavity formation.
85. Chronic tuberculous ulceration of larynx and trachea.
86. Advanced tuberculosis of kidney.
87. Anthracosis and scattered tubercles with areas of bronchopneumonia. Cavity.
88. Ulceration of intestines.
89. Advanced caseous pneumonia. Small cavities.
90. Chronic tuberculosis of lungs with cavity formation.
91. Cavity in region of midclavicular line. Lung collapsed. Thickened pleura.
92. Chronic tuberculosis of lungs with cavity formation.
93. Tuberculosis of lung of infant three years old.
94. Caseous pneumonia of child's lung. Miliary tubercles.
95. Ulceration of intestine. Induration of margins of ulcers, especially in cecum.
96. Chronic tuberculosis of testicle.
97. Chronic tuberculosis of lungs with large cavities.
98. Left lung of case of pulmonary tuberculosis. Cavity formation. Thickening of pleura.
99. Chronic tuberculosis of lungs with enormous thickening of pleura.
100. Chronic tuberculosis of lungs. Miliary tubercles. Areas of caseation and early bronchopneumonia.
101. Large cavity of right lung.
102. Tuberculosis of the serous surface of the stomach. Large tuberculous nodules of bovine type.
103. Cavity formation of upper lobe, showing opening into pleura producing pyopneumothorax.
104. Tuberculosis of lungs—bovine type.
105. Tuberculosis of lungs, showing small cavity formation.
106. Lung, showing small sections of large cavity lined by a pseudomembrane.
107. Chronic tuberculosis of lungs, with increase of fibrous tissue.
108. Large cavity, occupying entire upper lobe of lung.
109. Right lung, showing right-sided pleural effusion.
110. Chronic pulmonary tuberculosis with large cavity formation.
111. Right lung. Large cavity of upper lobe. Lower lobe studded with tubercles.
112. Chronic obliterating pericarditis and miliary tuberculosis of lungs.

113. Large loculated cavity of upper lobe of right lung. Slight increase of fibrous tissue and recent cavity in lower lobe.
114. Large cavity of upper lobe of left lung with perforation into pneumothorax.
115. Chronic tuberculosis of lungs with cavity formation.
116. Right lung from case of chronic pulmonary tuberculosis.
117. Omentum showing extensive fibrocaseous tuberculosis.
118. Section of left lung showing rapid coalescence of miliary and conglomerate tubercles.
119. Acute tuberculosis of left lung with cavity formation.
120. Caseous nodules at apex of right lung. Isolated nodules through remainder of lobe.
121. Empyema.
122. Empyema.
123. Large cavity of upper lobe.
124. Calcareous mesenteric lymph-glands.
125. Large cavity of upper lobe.
126. Extensive tuberculous infiltration of lung with cavity at apex.
127. Actinomycosis of lung.
128. Tuberculosis of mesenteric glands.
129. Tuberculosis of Fallopian tubes.
130. Caseous tubercles of lung.
131. Old caseous nodules of lung.
132. Tuberculosis chiefly confined to upper lobe of lung.
133. Extensive cavity formation of lung.
134. Caseous tubercles of lung.
135. Marked thickening of pleura about upper lobe.
136. Gall-stones.
137. Marked anthracosis.
138. Empyema.
139. Empyema.
140. Complete consolidation of lung.
141. Tuberculosis of omentum.

Gelatin Plate Specimens.

142. Liver—areas of calcification.
143. Atheroma of aorta.
144. Peribronchial tuberculosis. Anthracosis.
145. Fibroid pleurisy of lung.
146. Early tubercles in kidney.
147. Tuberculous mesenteric glands.
148. Post-mortem intussusception of intestine.
149. Post-mortem intussusception of intestine.
150. Tuberculosis of kidney with cysts.
151. Tuberculosis of testicle.
152. Ulcerative tuberculosis of kidney.
153. Tuberculosis of intestine. Large cyst.
154. Fatty and amyloid liver.
155. Large caseous tubercles of liver.
156. Parenchymatous nephritis.

157. Tuberculous mesenteric glands.
158. Caseous pneumonia.
159. Amyloid spleen.
160. Tuberculous pericarditis.
161. Tuberculosis of adrenals.
162. Fatty cirrhosis of liver.
163. Amyloid spleen.
164. Passive congestion of liver.
165. Double ureter of kidney.
166. Atelectasis of lung.
167. Hemorrhagic infarct of lung.
168. Tuberculous nodules of spleen.
169. Intestinal adhesions in tuberculous enteritis.
170. Tuberculous bronchopneumonia.
171. Tuberculous bronchopneumonia.
172. Tuberculosis of udder of cow.
173. Tuberculosis of lung of cow.
174. Tuberculous nodules of spleen.
175. Miliary tubercles of mesentery.
176. Amyloid spleen with infarct.
177. Tuberculous ulcer of intestine.
178. Calculi in kidney.
179. Tuberculous ulcer of intestine.
180. Uric-acid gravel of kidney.
181. Miliary tubercles of kidney.
182. Miliary tubercles of liver.
183. Amyloid liver.
184. Thrombus of iliac vein.
185. Tuberculous lymph-gland of cow.
186. Tubercles of spleen.
187. Healed tuberculous lesions at apex of lung.
188. Caseous pneumonia.
189. Cavity of upper lobe of lung.

Exhibition of Pathological Material: Tuberculous Lesions and Complications Affecting the Central Nervous System (Gelatin Plate Specimens).

190. Calcified plates of spinal cord.
191. Tuberculous meningomyelitis.
192. Isolated caseating tubercles of the choroid plexus of the lateral cerebral ventricles.
193. Miliary tubercles of the choroid plexus of the lateral cerebral ventricles.
194. Large caseating tubercles of the choroid plexus of the lateral cerebral ventricles.
195. Gelatinous exudate of the lateral ventricles.
196. Gelatinous hemorrhagic exudate of the lateral cerebral ventricles.
197. Gelatinous hemorrhagic exudate of the lateral cerebral ventricles.
198. Hemorrhagic ependymitis with slight gelatinous exudation of the lateral cerebral ventricles.
199. Gelatinous exudate of the middle cerebral ventricles; subependymal hemorrhage complicating pulmonary tuberculosis.

200. Cortical venous thrombosis complicating pulmonary tuberculosis.
201. Subcortical venous thrombosis complicating pulmonary tuberculosis.
202. Venous thrombosis of the cerebellum.
203. Gross cerebral hemorrhage of venous origin affecting the cortex and subcortex, complicating pulmonary tuberculosis.
204. Productive (healing) type of tuberculous meningitis localized to the mesial surface of the cerebral hemispheres. Miliary tubercles of the choroid plexus.
205. Tyroma (organized tuberculous tumor of pons varolii).
206. Multiple tyromata of brain. Specimens showing tubercles in pons, cerebellum, and cerebral cortex.
207. Cortical atrophy; secondary tumor; marked venous congestion complicating advanced pulmonary tuberculosis.
208. Hemorrhagic cyst of pineal gland complicating pulmonary tuberculosis.
209. Colloid and hemorrhagic cyst of pineal gland complicating pulmonary tuberculosis.

Exhibition of Brains in Jars.

210. Tuberculous plastic meningitis.
211. Varicose veins of the cortex.
    Passive congestion.
    Secondary chronic leptomeningitis.
212. Atrophy of cortex with marked subpial edema.
213. Atrophy of cortex.
    Internal hydrocephalus.
    Terminal passive congestion.
214. Tuberculosis of cortex.
    Tuberculous adherent pachymeningitis.
215. Gelatinous exudate in one posterior horn.
216. Atrophy of olfactory lobe.
217. Anomalous position of pineal gland.
218. Varicosity of veins of cortex.
219. Marked passive congestion with varicosity of veins of cortex.
220. Atrophy of cortex.
    Thrombosis.
221. Multiple areas of hemorrhagic softening.
222. Tuberculous meningitis.
    Hemorrhage of choroid plexus.
    Hemorrhage of pons.
223. Tuberculous meningitis.
224. Inductive meningitis.
225. Turbid edema with gross atrophy.
226. Suicide attempted.
    Atrophy of cortex.
227. Hemorrhagic softening of base.
228. Atrophy of cortex with edema.
229. Miliary tubercles, healing type, localized to mesial surface of the brain.
230. Hemorrhagic softening of the base of the brain.
231. Unilateral tuberculous meningitis due to thrombosis.
232. Tuberculous meningoencephalitis.
233. Advanced atrophy of the cortex.

234. Miliary tubercles of the meninges.
235. Tuberculous softening at the base of frontal lobe.
Congestion of cortex.
236. Tuberculosis of the meninges.
237. Venous thrombosis.
Perivenous leptomeningitis.
Venous hemorrhage.
238. Internal hydrocephalus.
239. Tortuosity of the veins of the cortex.
240. Marked infiltration of the epiglottis.
241. Ulceration of the epiglottis, exposing the cartilage.
242. Ulceration of the epiglottis, exposing the cartilage.
243. Numerous tubercles and ulcers on the laryngeal surface of the epiglottis.
244. Large superficial ulcer of the epiglottis.
245. Marked infiltration and breaking-down of the upper portion of the epiglottis, with exposure of the cartilage.
246. Marked infiltration of the arytenoid. Ulceration of the trachea.
247. Ulceration of the arytenoid, exposing the cartilage.
248. Deep fissured ulcer over the arytenoid.
249. Ulcers of the arytenoid and vocal cord.
250. Ulceration of the ventricle.
251. Marked ulceration and granulation of the subglottic region.
252. Marked granulation of the whole interior of the larynx.
253. Marked destruction of the laryngeal tissue.
254. Blood-clot filling the entire lumen of the larynx.

Exhibition of Pathological Material: Bacteriological Exhibit.

255. Streptococcus pyogenes. 256. Pneumococcus. 257. Staphylococcus pyogenes aureus. 258. Staphylococcus pyogenes albus. 259. Staphylococcus cereus flavus. 260. Staphylococcus pyogenes citreus. 261. Micrococcus tetragenus. 262. Micrococcus roseus. 263. Bacterium aërogenes. 264. Bacterium coli. 265. Bacterium coli immobilis. 266. Bacterium acidi lactici. 267. Bacterium hæmorrhagicæ. 268. Bacterium pyocyaneus. 269. Bacterium fluorescens liquefaciens. 270. Bacterium fluoresputidus. 271. Bacterium capsulatus septicus. 272. Bacterium pneumoniæ. 273. Bacterium typhosus. 274. Mycobacterium diphtheriæ. 275. Mycobacterium pseudodiphtheriæ. 276. Bacterium pneumococcus. 277. Bacillus proteus vulgaris. 278. Bacillus mesentericus. 279. Bacillus megatherium. 280. Sarcina flava. 281. Sarcina lutea. 282. Sarcina aurantiaca. 283. Saccharomyces albus. 284. Cladothrix dichotoma. 285. Bacillus tuberculosis: (*a*) Human, (*b*) Bovine, (*c*) Avian, (*d*) Fish, (*e*) Human—old growth, (*f*) Homogeneous. 286. Acid-fast organisms from butter. 287. Acid-fast

EXHIBIT OF HAROLD B. WOOD, M.D.

1. "Overcoming Dairy Losses Due to Tuberculosis." (Mounted instruction leaflet for dairy farmers.)

Photographs, entitled as follows:

2. Barn pumps transmit bacilli.

3. Box mangers disseminate disease.
4. Builders copy old, faulty plans.
5. Floor troughs should replace mangers.
6. Converted barn now free from disease.

RHODE ISLAND.

State Sanatorium.

General Information.

1. General statement. (Canvas chart.)
2. Financial statement. (Canvas chart.)
3. Medical statement. (Canvas chart.)
4. Report of the Joint Special Committee on State Sanatorium for Consumptives, November, 1901.
5. Report of the Commission on State Sanatorium for Consumptives, December, 1902.
6. Report of the Commission on State Sanatorium for Consumptives, 1904.
7. Report of the Commission on State Sanatorium for Consumptives, 1905.
8. First annual report of the Board of Trustees, January, 1906.
9. Second annual report of the Board of Trustees, January, 1907.
10. Third annual report of the Board of Trustees, January, 1908.

Models.

11. Models of the exterior of the sanatorium buildings.

Equipment and Organization.

12. A detailed statement of the equipment and organization of the institution.

Photographs and Plans.

13. Bird's-eye view of the sanatorium in 1905. 14. Blue print of ground plan. 15. Rhode Island Sanatorium. 16. West porch (women's ward). 17. East porch (men's ward). 18. Sanatorium from water-tower. 19. Upper men's ward. 20. Dining-room. 21. Laundry. 22. Chapel. 23. Sewage plant. 24. Path to the lake. 25. Wallum Lake. 26. Wallum Lake from the water-tower. 27. Looking north-east from the water-tower. 28. Patients fishing. 29. Lover's lane. 30. Pitching quoits. 31. Arbor Day. 32. Patients at work. 33. Near the sanatorium.
34. Wallum Lake bulletin.

Medical Charts.

35. Record cover. 36. Summary. 37. Previous history. 38. Present illness. 39. Report of examining physician. 40. Free treatment blank. 41. Physical examination. 42. Chest examination. 43. Temperature chart. 44. Weight chart. 45. Urine chart. 46. Sputum chart. 47. Monthly summary. 48. Subsequent history. 49. Report to family physician on admission. 50. Report to family physician on discharge. 51. Acknowledgment form for applicants. 52. Notification form for successful applicants. 53. Clothing list. 54.

Circular of general information. 55. Circular, "Suggestions to Physicians." 56. Rules.

Handiwork of Patients.

57. Hammock. 58. Picture frame. 59. Raffia hat. 60. Unfinished raffia hat. 61. Baby's raffia bonnet. 62. Doll's raffia hat. 63. Sun-bonnet. 64. Raffia bag. 65. Raffia bag. 66. Raffia bag. 67. Raffia bag. 68. Reed basket. 69. Reed basket. 70. Reed basket. 71. Birch bark napkin ring. 72. Birch bark napkin ring. 73. Cane. 74. Neck chain. 75. Neck chain. 76. Sofa pillow. 77. Sofa pillow. 78. Piece hand-made lace. 79. Piece hand-made lace. 80. Table scarf. 81. Table scarf. 82. Sachet bag. 83. Baby's bib. 84. Lace spread.

WISCONSIN.

Tuberculosis in Wisconsin.

One map of Wisconsin, showing distribution of tuberculosis by mortality.
Six charts, showing mortality from tuberculosis by age, sex, etc., and in comparison with other diseases, State Board of Health.
Eight charts, showing average temperature, rainfall, snowfall, cloudiness, and humidity in Wisconsin.
Five cards, showing laws in regard to tuberculosis.
Four cards. Photographs, showing the extension of the Park System in Madison, Wisconsin, by the Park and Pleasure Drive Association.
One model. Blue Mounds Sanatorium.
One card, showing educational work of the medical societies in Wisconsin.
One card, showing work of University of Wisconsin.

Rural Tuberculosis in Wisconsin.

Two maps, township of North Freedom, showing deaths from tuberculosis, and existing cases.
One map of Waupaca, showing deaths and existing cases.

Forest Reserve of Wisconsin.

One map of Wisconsin.
One map of forest reserve.
One map of Flambeau region, showing forest reserve.
Three cards, photographs, showing views in forest reserve.

University of Wisconsin.

One model of old building, showing lack of ventilation.
One model of new building, showing system of ventilation now installed in all buildings.
Six charts, showing gymnasium records of students for past twelve years, on entrance and after training.
Two cards of photographs, showing a gymnasium class at work.

Traveling Exhibit of the University of Wisconsin.

(Prepared by the Departments of Bacteriology and Hygiene, and Home Economics; Exhibited and Demonstrated by the Departments of Bacteriology and Hygiene, and University Extension.)

1. Sixteen cards with mottoes.
2. Sixteen charts.
3. Eight cards, showing photographs of various sanatoriums.
4. One map of Wisconsin, showing distribution of tuberculosis.
5. One model River Pines Sanatorium.
6. One model of sleeping shack.
7. One model sleeping porch.
8. One model disinfection chamber.
9. One model window tent.
10. One box spit-cups.
11. One set disinfectants.

BOVINE TUBERCULOSIS.

One map, showing extent of dairy business in Wisconsin.
Four charts, showing extent of tuberculin testing.
Two maps, showing extent of tuberculin testing.
One chart, showing cities having ordinances requiring tuberculin test.
One chart, showing educational work in Farmers' Institutes.
Two cards, showing tuberculosis demonstrations at Farmers' Institutes.
Ten charts, showing Professor King's method of ventilation for barns.
One chart, showing spread of tuberculosis by public sales.
One map, showing spread of tuberculosis in cattle by infected creamery by-products.
Two cards, showing bulletins on tuberculosis, issued by Agricultural Experiment Station, University of Wisconsin.
Three cards of photographs, showing good barns, interiors of good barns, and tuberculin-tested herds.
One card of photograph, showing results of testing on bad farms.
One card of photographs, showing tuberculosis demonstrations to farmers.

MILWAUKEE.

1. Four cards, showing investigations of deaths from tuberculosis occurring in Milwaukee during past five years, 1903 to 1908, illustrated by charts, showing photographs of existing conditions, complete data, and illustrated chart of same.
2. One card, showing climatological chart of Milwaukee, mean, extreme, and average temperature, rain- and snow-fall, humidity, winds, fog, etc., covering a period of thirty-five years.
3. Two cards, University Settlement exhibit, showing indoor and outdoor employments, athletics, camps, gardening, lectures on hygiene, etc., photographs, and charts.
4. Four cards, Milwaukee a sanitary city, showing river front, alleys and back-yard contest, improvements, oiled roads, parks, roof-gardens for employees, and natatoriums.
5. Six cards, Health Department exhibit, showing ordinances regulating sale of milk, placarding and fumigating infected houses, anti-spitting cards, reporting contagious diseases, accompanied by yearly maps,

showing location of tuberculous cases, statistics, photographs, charts, and literature.

6. Three cards, exhibit of photographs of various milk-producing concerns, including the world's record for low bacterial count in milk.
7. Seven cards, exhibit, showing model shops offering ideal working conditions for employees of the Allis-Chalmers and Pawling & Harnischfeger Companies, accompanied by photographs and blue-prints of buildings and grounds.
8. Milwaukee Dustless Brush Company, exhibit of brushes.
9. American Vacuum Air Cleaning Company of Milwaukee, for the removal of dust and dirt from buildings. Photographs, tools and machinery. (On floors, and demonstrator present.)
10. Three cards and two models, exhibit of county sanatoriums for the tuberculous, accompanied by models and photographs.
11. Two cards, exhibit of three free dispensaries for the tuberculous, photographs, cards, and other literature.
12. One card, exhibit of report of Society for Care of Sick.
13 Four cards, exhibit, showing number of lectures of the Milwaukee Medical Society, papers and essays by the pupils of Milwaukee schools, educational leaflets, etc.

Wisconsin State Sanatorium.

Model of old sleeping shack.
Model of new sleeping shack.
Cards, showing rules, examination forms, dietary, etc.

Exhibit from Schools at Superior, Wis.

Arranged by Miss Goldie Whipple, Teacher, June 1, 1908.

Miniature Tuberculosis Exhibit.

I. Pictures of Homes.

(*a*) Unsanitary conditions in homes.
(*b*) Unsanitary conditions in workshops.
(*c*) Aggravated condition of sidewalks.
(*d*) Comparative picture. Sidewalk and house before and after cleaning.
(*e*) Crowded conditions in Chicago.
(*f*) Crowded conditions in New York.
(*g*) Sweat-shop.

II. Pictures of Sanatoriums.

(*a*) Gaylord Farm Sanatorium.
(*b*) Tent Colony—Ottawa. General view. Where the citizens live. Open-air election.
(*c*) Barlow Sanatorium. Administration building. Porch. Recreation room. Group of cottages.
(*d*) White Haven Sanatorium. General view. Dining on the porch. Workshop. Sheltered porch.
(*e*) Sharon Sanatorium. Dining Pavilion.

III. Pictures of Chairs, Rugs, etc.

Reclining chairs. Chairs for sitting out. Half-tent with chair. Back-rests. Kenwood rugs. Walsh window tent. Bedside tables.

Allen health tent. Visor hood and muffler. Sputum flasks. Sanitary spittoons.

IV. Pictures of Porches and Roofs.

Patient on roof. Sleeping out on porch. Winter roof scene. Patient and visiting nurse. Sleeping pavilion. Fire-escape cure.

V. Charts.

(*a*) Showing dangerous trades.

(*b*) Proportion of mortality caused by tuberculosis.

VI. Photographs (Trudeau, N. Y.).

Little red cottage. Saranac Sanatorium. Patient studying birds. Cottage piazza. Infirmary piazza.

VII. Models.

Tent. Doll. Bed. Shack. Sleeping porch. Sputum cup. Toothbrush. Sample of dress materials.

VIII. Essays.

(*a*) Causes of tuberculosis: Geneva Dahl.

(*b*) Prevention of tuberculosis: Mary Loney.

(*c*) Life of Koch: Margaret Lambert.

(*d*) Life of Pasteur; Hannah Kaner.

THE NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS.

Showing the Extent and Growth of the Campaign Against Tuberculosis in the United States.

The exhibit consists of six maps of the United States as follows:

Map 1.—Showing dispensaries, sanatoriums, hospitals, and associations for the treatment and prevention of tuberculosis in the United States in 1904.

Map 2.—Showing dispensaries, sanatoriums, hospitals, and associations for the treatment and prevention of tuberculosis in the United States in 1908.

Map 3.—Showing location of special tuberculosis dispensaries in the United States.

Map 4.—Showing location of special tuberculosis sanatoriums and hospitals in the United States.

Map 5.—Showing location of special associations and committees for the study and prevention of tuberculosis in the United States.

Map 6.—Showing the itinerary of the tuberculosis exhibition of the National Association, November 27, 1905, to July 20, 1908.

1. "*The Campaign Against Tuberculosis in the United States.*"

A comprehensive report, including a directory of tuberculosis sanatoriums, special hospitals, day-camps, dispensaries, and associations for the treatment, study, and prevention of the disease. The volume also contains a digest of State and municipal legislation dealing with tuberculosis, together with typical laws which have been enacted in various States and cities. (Russell Sage Foundation Publication, New York, 1908, pp. 448.)

"Journal of the Outdoor Life."

(*A*) *General Statement.*

Frame 1.—General circular and clippings from editorial pages and announcements.

(*B*) *Historical.*

Frame 2.—First number and later numbers.

(*C*) *Present Quarters.*

Frame 3.—Photograph of building, office, porch, and view of mountains.

(*D*) *Scope.*

Frame 4.—For the patient. Frame 5.—For the physician. Frame 6.—For the home. Frame 7.—For the social worker. Frame 8.—For the propagandist. Frame 9.—For the sanatorium. Frame 10.—Departments: Idler, National, Association, etc. Frame 11.—Outdoor recreations for the tuberculous.

(*E*) *Editorial Policy.*

Frame 12.—Editorials and announcements, including those covering advertising policy.

(*F*) *Business Department.*

Frame 13.—The magazine is self-supporting. Balance sheet of July 1, 1908. Use of profits in developing the magazine and extending its influence.

Frame 14.—The magazine affords considerable employment to patients, and in this respect is a thoroughly successful industrial settlement, although it does not house patients nor board them.

Frame 15.—Business forms: voucher, obverse and reverse, subscription card and duplicate subscription card, advertising record card, guide cards for filing these in various ways, expiration notice, subscription blank, postal card acknowledging receipt of subscription, advertising rate card.

Frame 16.—Circularizing methods: Three follow-up letters, inclosure of general circular, subscription blank, envelop; follow-up record card.

(*G*) *Service Department.*

Frame 17.—Editorial and standing announcements. Letters and answers.

(*H*) *Bound Volumes.*

AWARDS.

Very early in the organization the Central Committee announced a number of awards in connection with the exhibition, and in February, 1908, the Smithsonian Institution offered the Hodgkins Fund Prize of $1500 in accordance with the following announcement:

Smithsonian Institution.

Hodgkins Fund Prize.

In October, 1891, Thomas George Hodgkins, Esquire, of Setauket, New York, made a donation to the Smithsonian Institution, the income from a

part of which was to be devoted to "the increase and diffusion of more exact knowledge in regard to the nature and properties of atmospheric air in connection with the welfare of man." In furtherance of the donor's wishes, the Smithsonian Institution has from time to time offered prizes, awarded medals, made grants for investigations, and issued publications.

In connection with the approaching International Congress on Tuberculosis, which will be held in Washington, September 21 to October 12, 1908, a prize of $1500 is offered for the best treatise "On the Relation of Atmospheric Air to Tuberculosis." Memoirs having relation to the cause, spread, prevention, or cure of tuberculosis are included within the general terms of the subject.

Any memoir read before the International Congress on Tuberculosis, or sent to the Smithsonian Institution or to the Secretary-General of the Congress before its close, namely, October 12, 1908, will be considered in the competition.

The memoirs may be written in English, French, German, Spanish, or Italian. They should be submitted either in manuscript or typewritten copy, or if in type, printed as manuscript. If written in German, they should be in Latin script. They will be examined and the prize awarded by a Committee appointed by the Secretary of the Smithsonian Institution in conjunction with the officers of the International Congress on Tuberculosis.

Such memoirs must not have been published prior to the Congress. The Smithsonian Institution reserves the right to publish the treatise to which the prize is awarded.

No condition as to the length of the treatises is established, it being expected that the practical results of important investigations will be set forth as convincingly and tersely as the subject will permit.

The right is reserved to award no prize if, in the judgment of the Committee, no contribution is offered of sufficient merit to warrant such action.

Memoirs designed for consideration should be addressed to either "The Smithsonian Institution, Washington, District of Columbia, U. S. A.," or to "Dr. John S. Fulton, Secretary-General of the International Congress on Tuberculosis, 714 Colorado Building, Washington, District of Columbia, U. S. A." Further information, if desired by persons intending to become competitors, will be furnished on application.

CHARLES D. WALCOTT,
Secretary of the Smithsonian Institution.

Washington, D. C., February 3d, 1908.

Up to the time of going to press, the award of the Hodgkins Fund Prize had not been announced. The arrangements for all the competitions, authorized by the Central Committee, were made by the subcommittee, of which Dr. Charles J. Hatfield was chairman (see page 16). This subcommittee organized a jury of awards and made all necessary arrangements to enable this jury to complete its task and announce the results before October 12th. The jury of awards, or Board of Judges, was made up as follows:

President.

Mr. Elmer Ellsworth Brown, United States Commissioner of Education.

Secretary.

Dr. Frank T. Fulton, Providence.

Members.

Mrs. John J. Abel, Baltimore
Dr. Glenn Andrews, Montgomery, Ala.
Dr. J. L. Andrews, Memphis, Tenn.
Dr. R. A. Archibald, Oakland, Cal.
Dr. John J. Black, Newcastle, Del.
Dr. B. Meade Bolton, Washington
Dr. Henry M. Bracken, St. Paul
Dr. Isaac W. Brewer, Manila, P. I.
Dr. Norman Bridge, Los Angeles, Cal.
Mr. Glenn Brown, Washington
Dr. Lawrason Brown, Saranac Lake
Dr. W. M. Brumby, Austin, Texas
Dr. C. S. Caverly, Rutland, Vt.
Hon. Conrad Cedercrantz, Stockholm
Dr. Claribel Cone, Baltimore
Dr. Eugene Davis, Charleston, W.Va.
Dr. Ladislov Detre, Budapest
Mr. Frank Miles Day, Philadelphia
Dr. Marion Dorset, Washington
Dr. S. C. Emley, Lawrence, Kansas
Dr. Arthur M. Farrington, Washington
Dr. Frank T. Fulton, Providence, R.I.
Mr. P. H. Gadsden, Charleston, S. C.
Mr. John M. Glenn, New York
Dr. C.C. Goddard, Leavenworth, Kan.
Dr. Charles R. Grandy, Norfolk, Va.
Dr. F. M. Gurd, Montreal
Dr. Henry D. Holton, Brattleboro, Vt.
Dr. Reid Hunt, Washington
Major M. W. Ireland, Washington
Dr. S. P. M. Jee, Washington
Dr. Paul Krause, Jena
Miss Ellen N. La Motte, Baltimore
Dr. J. W. Laws, Lincoln, N. M.
Dr. R. E. McBride, Las Cruces, N. M.
Miss Margaret McNeill, Dublin
Dr. Lucien P. McCalla, Boise, Idaho
Dr. Harry T. Marshall, Charlottesville, Va.
Mr. Thomas R. Marshall, Washington
Dr. Veranus A. Moore, Ithaca, N. Y.
Dr. Joseph S. Neff, Philadelphia
Dr. S. B. Nelson, Pullman, Wash.
Dr. Hideyo Noguchi, New York
Dr. H. Winnett Orr, Lincoln, Neb.
Dr. Leonard Pearson, Philadelphia
Dr. E. A. Pierce, Portland, Oregon
Dr. Joseph Y. Porter, Key West, Fla.
Dr. J. H. Pratt, Boston
Capt. W. G. Raoul, Atlanta, Ga.
Dr. Fernando Rensoli, Havana, Cuba
Dr. M. H. Reynolds, St. Paul, Minn.
Mr. Jacob Riis, New York
Dr. F. C. Robinson, Brunswick, Me.
Dr. Mark A. Rodgers, Tucson, Arizona
Dr. Holger Roerdam, Copenhagen
Dr. John W. Ross, Washington
Dr. J. T. Rothrock, West Chester, Pa.
Dr. H. D. Sewall, Denver, Col.
Dr. R. M. Simpson, Winnipeg
Dr. T. C. Smith, Arizona
Prof. Wm. T. Smith, Hanover, N. H.
Prof. Wm. F. Snow, Berkeley, Cal.
Dr. Walter R. Steiner, Hartford, Conn.
Dr. Martin L. Stevens, Asheville, N.C.
Dr. C. Wardell Stiles, Washington
Prof. Thomas A. Storey, New York
Prof. Henri Triboulet, Paris
Prof. Victor C. Vaughan, Ann Arbor, Mich.
Mr. Bleecker Van Wagenen, Orange, N. J.
Dr. F. F. Wesbrook, Minneapolis, Minn.
Dr. Harvey W. Wiley, Washington
Dr. Ennion G. Williams, Richmond, Va.
Mrs. Albert Norton Wood, San Juan, P. R.
Dr. Paul G. Woolley, Bangkok, Siam

The following account of the competitions and awards in connection with the exhibition is taken from the report of Dr. Hatfield:

REPORT OF COMMITTEE ON AWARDS

(Dr. Chas. J. Hatfield, *Chairman*)

TO THE

COMMITTEE ON THE INTERNATIONAL CONGRESS ON TUBERCULOSIS

(Dr. Lawrence F. Flick, *Chairman*).

(ABSTRACT.)

The Board was organized with Dr. Elmer Ellsworth Brown, U. S. Commissioner of Education, as President, and Dr. Frank T. Fulton, of Providence, R. I., as Secretary. Twelve subcommittees were appointed to carry on the work of judging. The subcommittees were as follows:

Subcommittee No. 1.

Competition I: Voluntary Association.
Chairman, Prof. Franklin C. Robinson, Brunswick, Me.

Mrs. John J. Abel, Baltimore, Md.
Dr. W. M. Brumby, Texas
Dr. F. M. Gurd, Canada
Dr. Doz. L. Detre, Budapest
Dr. H. W. Wiley, Washington, D. C.
Dr. Triboulet, France
Dr. Walter G. Steiner, Hartford, Conn.

Subcommittee No. 2.

Competition II: Existing Sanatoriums.
Chairman, Dr. John J. Black, New Castle, Del.

Mrs. Albert Norton Wood, Porto Rico
Dr. H. Roerdam, Copenhagen, Denmark
Dr. E. A. Pierce, Portland, Oregon
Dr. J. H. Pratt, Boston
Dr. R. M. Simpson
Dr. Reid Hunt

Subcommittee No. 3.

Competition III: Furnished House.
Competition X—G: Passenger Railway Car.
Competition XI: Workshop or Factory.
Chairman, Mr. W. G. Raoul, Atlanta, Ga.

Dr. C. C. Goddard, Leavenworth, Kan.
Dr. Frank T. Fulton, Providence, R. I.
Dr. J. W. Laws, Lincoln, N. M.
Dr. Fernando Rensoli, Cuba.

Subcommittee No. 4.

Competition IV: Dispensary or Kindred Institution.
Competition X—H: Employment of Arrested Cases.
Competition X—M: Unit Package of Supplies.
Chairman, Dr. Norman Bridge, Los Angeles, Cal.

Dr. Isaac W. Brewer, Fort Huachuca, Ariz.
Dr. Glenn Andrews, Montgomery, Ala.
Dr. P. G. Woolley, Bangkok, Siam
Dr. S. P. M. Jee, Imperial Chinese Legation, Washington, D. C.

Subcommittee No. 5.

Competition V: Hospital for Advanced Cases.
Competition X—E: Largest Membership.

Competition X—F: Raising Money.
Chairman, Dr. Joseph Y. Porter, Key West, Fla.

Dr. S. C. Emley, Lawrence, Kan.
Major M. W. Ireland, U. S. A., Washington, D. C.
Dr. B. Meade Bolton, Washington
Dr. T. C. Smith, Arizona
Dr. Paul Krause, Jena
Dr. J. L. Andrews, Alabama
Dr. Harry T. Marshall, University of Virginia
Dr. Henry M. Bracken, Minnesota

Subcommittee No. 6.

Competition VII: Educational Leaflets.
Chairman, Mr. John M. Glenn, New York City

Dr. E. Ellsworth Brown, Washington, D. C.
Mr. Jacob Riis, New York City
Dr. Martin L. Stevens, Asheville, N. C.
Dr. Ennion G. Williams, Richmond, Va.
Prof. Wm. T. Smith, Hanover, N. H.

Subcommittee No. 7.

Competition X—L: Eradication of Bovine Tuberculosis.
Competition VII—E: Leaflet for Dairy Farmers
Chairman, Dr. S. B. Nelson, Pullman, Wash.

Dr. L. Pearson, Philadelphia
Dr. V. A. Moore, Ithaca, N. Y.
Dr. M. H. Reynolds
Dr. R. A. Archibald

Subcommittee No. 8.

Competition X—I: New Architectural Plans for Sanatoriums.
Competition X—K: New Architectural Plans for Hospitals.
Chairman, Mr. Frank Miles Day, Philadelphia

Mr. Glenn Brown, Washington, D. C.
Dr. H. D. Sewall, Denver, Colo.
Mr. Thomas Rush Marshall, Washington, D. C.
Dr. Lawrason Brown, Saranac Lake, N. Y.

Subcommittee No. 9.

Competition X—B: Laws and Ordinances—any State of U. S.
Competition X—C: Laws and Ordinances any country (U. S. excluded).
Competition X—D: Laws and Ordinances by any Municipality.
Chairman, Dr. Victor C. Vaughan, Ann Arbor, Mich.

Dr. Mark A. Rodgers, Tucson, Ariz.
Dr. Lucien P. MaCalla, Boise, Idaho
Miss La Motte, Baltimore, Md.
Prof. Snow, Leland Stanford University

Subcommittee No. 10.

Competition X—A: Pathological Exhibit.
Chairman, Dr. F. S. Wesbrook, Minneapolis, Minn.

Dr. C. S. Caverly, Rutland, Vt.
Dr. Eugene Davis, Charleston, W. Va.
Dr. M. Dorset, Washington, D. C.
Dr. Claribel Cone, Baltimore, Md.
Dr. H. Noguchi, Rockefeller Institute, New York City

Subcommittee No. 11.

Competition VIII: Effective Organization—any State of U. S.

Competition IX: Effective Organization —any Country (U. S. excluded).

Chairman, Dr. Thomas A. Storey, City College, New York City.

Dr. H. Winnett Orr, Lincoln, Neb. Miss McNeill, Dublin, Ireland
Mr. P. H. Gadsden, Charleston, S. C. Dr. John W. Ross
Dr. C. W. Stiles, Washington

Subcommittee No. 12.—Special Awards.

Chairman, Mr. Bleeker Van Wagenen, Orange, N. J.

Hon. Governor C. Cedercrantz, Stockholm, Sweden
Dr. J. T. Rothrock, West Chester, Pa.
Dr. Henry D. Holton, Brattleboro, Vt.
Dr. Farrington, Washington, D. C.
Dr. R. E. McBride, Las Cruces
Dr. Joseph S. Neff, Philadelphia
Dr. Charles R. Grandy, Norfolk, Va.

On Friday, October 2d, the final meeting of the Board of Judges was held, the reports of the subcommittees were read and approved, and the board dissolved.

Competition I.—A prize of $1000 is offered for the best evidence of effective work in the prevention or relief of tuberculosis by any voluntary association since the last International Congress, in 1905. In addition to the prize of $1000, two Gold Medals and three Silver Medals will be awarded.

Awards.—A cash prize of $500 to the Women's National Health Association of Ireland.

A cash prize of $500 to the Committee on Tuberculosis of the New York Charity Organization Society.

A Gold Medal to the Swedish Association for the Prevention of Tuberculosis; Dr. Bertil Buhre, Secretary, Stockholm, Sweden.

A Gold Medal to the Boston Association for the Relief and Control of Tuberculosis; Mr. Walter E. Kruesi, Secretary, Boston.

A Silver Medal to the Cleveland Antituberculosis League; Dr. F. W. Vincent, Cleveland.

A Silver Medal to the Hungarian Antituberculosis Association; Dr. D. O. Kuthy, Budapest.

A Silver Medal to the Providence League for the Suppression of Tuberculosis; Mr. James Minnick, Providence.

Honorable Mention to the Baltimore Visiting Nurses Association; Miss M. E. Lent, Baltimore.

Honorable Mention to the Jewish Consumptives' Relief Society of Denver; Dr. P. Hillkowitz, Denver.

Honorable Mention to the Maryland Association for the Prevention and Relief of Tuberculosis; Mr. H. Wirt Steele, Executive Secretary, Baltimore.

Honorable Mention to the Philadelphia Visiting Nurse Society; Miss Mabel Jacques, Philadelphia.

Honorable Mention to the Tuberculosis Relief Association of Hartford, Conn.

Honorable Mention to the International Children's School Farm League; Mrs. Henry Parsons, New York.

Honorable Mention to the Brehmer Rest; Dr. A. J. Richer, Montreal.

Competition II.—A prize of $1000 is offered for the best exhibit of an

existing sanatorium for the treatment of curable cases of tuberculosis among the working classes. In addition to the prize of $1000 two Gold Medals and three Silver Medals will be awarded.

Awards.—The prize of $1000 is divided: $500 to the White Haven Sanatorium; Dr. Alexander Armstrong, White Haven, Pennsylvania; $500 to the Brompton Hospital Sanatorium; Dr. M. S. Paterson, Frimley, England.

A Gold Medal to the Beelitz Sanatorium; Dr. Richard Freund, Berlin.

A Gold Medal to the Adirondack Cottage Sanitarium; Dr. Edward L. Trudeau, Saranac Lake, New York.

A Silver Medal to the Sanatorium de Bligny, France.

A Silver Medal to the Eudowood Sanatorium; Dr. Henry Barton Jacobs, Towson, Maryland.

A Silver Medal to the Massachusetts State Sanatorium; Dr. Frederick L. Hills, Rutland.

Honorable Mention to the Agnes Memorial Sanatorium; Dr. G. W. Holden, Denver, Colorado.

Honorable Mention to the Leysin Sanatorium.

Honorable Mention to the National Jewish Hospital for Consumptives; Dr. Moses Collins, Denver, Colorado.

Honorable Mention to the Otisville Sanatorium of the New York City Board of Health; Mr. Frederick Sprenger, New York.

Honorable Mention to the Barlow Sanatorium; Dr. W. Jarvis Barlow, Los Angeles, California.

Honorable Mention to the Union Printers' Home; Mr. Charles W. Deacon, Colorado Springs, Colorado.

Competition III.—A prize of $1000 is offered for the best exhibit of a furnished house, for a family or group of families of the working class, designed in the interest of the crusade against tuberculosis. In addition to the prize of $1000, two Gold Medals and three Silver Medals will be awarded.

Awards.—The prize of $1000 was not awarded.

A Gold Medal to Mr. Milton Dana Morrill, Washington, D. C.

A Gold Medal to Señor Jose F. Toraya, Cuba.

Honorable Mention to Dr. Charles Denison, Denver, Colo.

Competition IV.—A prize of $1000 is offered for the best exhibit of a dispensary or kindred institution for the treatment of the tuberculous poor. In addition to the prize of $1000, two Gold Medals and three Silver Medals will be awarded.

Awards.—$1000 to the Henry Phipps Dispensary of Johns Hopkins Hospital; Dr. Louis Hamman, Baltimore, Maryland.

A Gold Medal to the Manhattan Tuberculosis Dispensary of the New York Department of Health; Dr. Bertram H. Waters, New York.

A Gold Medal to the Dispensary of the Henry Phipps Institute; Dr. Lawrence F. Flick, Director, Philadelphia, Pennsylvania.

A Silver Medal to the Dispensary Clemente Ferreira; Dr. Clemente Ferreira, Sao Paulo, Brazil.

A Silver Medal to the Dispensary of the Boston Consumptive Hospital; Dr. Simon F. Cox, Boston, Massachusetts.

A Silver Medal to the Kensington Dispensary; Sister Maria Roeck, Philadelphia, Pennsylvania.

A Gold Medal to the Tuberculosis Class of Emmanuel Church; Dr. Joseph H. Pratt, Boston, Massachusetts.

Honorable Mention to the Babies' Dispensary; Dr. F. W. Vincent, Cleveland, Ohio.

Competition V.—A prize of $1000 is offered for the best exhibit of a hospital for the treatment of advanced pulmonary tuberculosis. In addition to the prize of $1000, two Gold Medals and three Silver Medals will be awarded.

Awards.—A cash prize of $1000 to the Brompton Hospital; Dr. M. S. Paterson, London, England.

A Gold Medal to the Loomis Sanatorium; Dr. Herbert M. King, Liberty, New York.

A Gold Medal to the Massachusetts State Hospital; Dr. John H. Nichols, Tewksbury, Massachusetts.

A Silver Medal to Riverside Hospital; Dr. F. S. Westmoreland, New York.

A Silver Medal to the Tuberculosis Hospital; Dr. P. G. Smith, Washington.

A Silver Medal to the Reception Hospital; Dr. Edward R. Baldwin, Saranac Lake, New York.

A Gold Medal to the Henry Phipps Institute; Dr. Lawrence F. Flick, Director, Philadelphia, Pennsylvania.

Honorable Mention to the Clinton Prison Hospital; Dr. Julius B. Ransom, Dannemora, New York.

Competition VII.—A prize of $100 is offered for the best Educational Leaflet submitted in each of the classes defined below. In addition to the prize of $100, a Gold Medal and two Silver Medals will be awarded in each class.

(A) For adults generally (not to exceed 1000 words).
(B) For teachers (not to exceed 2000 words).
(C) For mothers (not to exceed 1000 words).
(D) For in-door workers (not to exceed 1000 words).
(E) For dairy farmers (not to exceed 1000 words).
(F) For school-children in grammar grades (not to exceed 500 words).
(G) Pictorial booklet for school-children in primary grades and for the nursery.

Awards. Class A: A cash prize of $100 to the Pennsylvania Society for the Prevention of Tuberculosis; Mr. Wallace Hatch, Philadelphia, Pennsylvania. "Plain Facts about Tuberculosis," Tract No. 9.

A Silver Medal to Verein zur Bekämpfung der Schwindsucht in Chemnitz und Umgebung; Chemnitz, Germany. "Schutz der Schwindsucht."

A Gold Medal to Dr. O. D. Wescott, Denver, Colorado. "Consumption is the Most Common Form of Tuberculosis."

Class B: Cash prize not awarded.

A Gold Medal to Dr. H. S. Goodall, New York. "Leaflet for Teachers."

A Silver Medal to Dr. George H. Kress, Los Angeles, California. "The Warfare Against Tuberculosis and the Relation of Teachers Thereto."

Class C: A cash prize of $100 to Verein zur Bekämpfung der Schwindsucht in Chemnitz und Umgebung.

A Gold Medal to Dr. George H. Kress, Los Angeles, California.

A Silver Medal to Miss Mabel Jacques, Philadelphia, Pennsylvania.

In Classes D, E, F, and G no awards were made.

Competition VIII.—A Gold Medal and two Silver Medals are offered for the best exhibits sent in by any States of the United States, illustrating effective organization for the restriction of tuberculosis.

Awards.—A Gold Medal to the State of New York; Dr. Eugene H. Porter, Commissioner of Health, Albany, New York.

A Silver Medal to the State of Massachusetts; Dr. Arthur T. Cabot, Chairman of the State Committee, Boston, Massachusetts.

A Silver Medal to the State of Pennsylvania; Dr. Samuel G. Dixon, Commissioner of Health, Harrisburg, Pennsylvania.

Competition IX.—A Gold Medal and two Silver Medals are offered for the best exhibits sent in by any State or country (the United States excluded) illustrating effective organization for the restriction of tuberculosis.

Awards.—A Gold Medal to Germany; Prof. Dr. Nietner, Berlin, Germany.

A Silver Medal to Sweden; Dr. Bertil Buhre, Stockholm, Sweden.

A Silver Medal to Great Britain; Mr. J. J. Perkins, London, England.

Competition X—A.—A Gold Medal and two Silver Medals are offered for the best contribution to the pathological exhibit.

Awards.—A Gold Medal to the United States Bureau of Animal Industry; Dr. John R. Mohler, Bureau of Animal Industry, Washington.

A Gold Medal to the Exhibit from England; Professor Sims Woodhead, Cambridge, England.

A Silver Medal to the Boston University; Dean of the University. Boston, Massachusetts.

A Silver Medal to the Henry Phipps Institute; Dr. Lawrence F. Flick, Director, Philadelphia, Pennsylvania.

Honorable Mention to McGill University; Professor J. G. Adami, Montreal, Canada.

Honorable Mention to New York State Veterinary College, Ithaca, New York.

Honorable Mention to University of Michigan; Professor Victor C. Vaughan, Ann Arbor, Michigan.

Honorable Mention to the German Exhibit; Prof. Dr. Nietner, Berlin, Germany.

Honorable Mention to the Special Exhibit of Saranac Laboratory for the Study of Tuberculosis; Dr. Edward R. Baldwin, Saranac Lake, New York.

Competition X—B.—A Gold Medal and two Silver Medals are offered for the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any State of the United States.

Awards.—A Gold Medal to the State of Wisconsin; Dr. C. A. Harper, Secretary State Board of Health, Madison, Wisconsin.

A Silver Medal to the State of Maryland; Dr. Marshall L. Price, Secretary State Board of Health, Baltimore, Maryland.

A Silver Medal to the State of New York; Dr. Eugene H. Porter, Commissioner of Health, Albany, New York.

Competition X—C.—A Gold Medal and two Silver Medals are offered for the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any State or country (the United States excluded).

No awards.

Competition X—D.—A Gold Medal and two Silver Medals are offered for

the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any municipality in the world.

Awards.—A Gold Medal to New York City; Dr. Hermann Biggs, Department of Health, New York.

A Silver Medal to Saranac Lake; Dr. Edward R. Baldwin, Saranac Lake, New York.

A Silver Medal to the City of Chicago; Dr. W. A. Evans, Commissioner of Health, Chicago, Illinois.

Competition X—E.—A Gold Medal and two Silver Medals are offered for the society engaged in the crusade against tuberculosis having the largest membership in relation to population.

Awards.—A Gold Medal to the National Swedish Antituberculosis Association; Dr. Bertil Buhre, Stockholm, Sweden.

A Silver Medal to the Maryland Association for the Prevention and Relief of Tuberculosis; Mr. H. Wirt Steele, Executive Secretary, Baltimore, Maryland.

Competition X—F.—A Gold Medal and two Silver Medals are offered for the plans which have been proved best for raising money for the crusade against tuberculosis.

Awards.—A Gold Medal to the National Swedish Antituberculosis Association; Dr. Bertil Buhre, Stockholm, Sweden.

A Silver Medal to the Wisconsin Committee of the International Congress on Tuberculosis; Dr. Mazyck P. Ravenel, Madison, Wisconsin.

A Silver Medal to the Working Men's Club; Mr. John F. Gunshanan, Hartford, Connecticut.

Honorable Mention to the Maryland Association for the Prevention and Relief of Tuberculosis; Mr. H. Wirt Steele, Executive Secretary, Baltimore, Maryland.

Competition X—G.—A Gold Medal and two Silver Medals are offered for the best exhibit of a passenger railway car in the interest of the crusade against tuberculosis.

No awards.

Competition X—H.—A Gold Medal and two Silver Medals are offered for the best plans for the employment of arrested cases of tuberculosis.

Awards.—A Gold Medal to the Eudowood Sanatorium Farm; Dr. Henry Barton Jacobs, Towson, Maryland.

A Silver Medal to the Henry Phipps Training School for Nurses; Dr. Lawrence F. Flick, Philadelphia, Pennsylvania.

Competition X—I.—A Gold Medal and two Silver Medals are offered for the best exhibit of new architectural plans for a sanatorium for the treatment of curable cases of tuberculosis among the working classes.

Awards.—Gold Medal not awarded.

A Silver Medal to Mr. Lindley Johnson, Philadelphia, Pennsylvania.

A Silver Medal for the plans shown in the Agnes Memorial Exhibit; Wagner and Manning, Denver, Colorado.

Honorable Mention to Milton See and Son, New York.

Honorable Mention to Garland, Lister and West, London, England.

Honorable Mention to A. Randall Wells, Hastings, England.

Competition X—K.—A Gold Medal and two Silver Medals are offered for the best exhibit of new architectural plans for a hospital for the treatment of advanced pulmonary tuberculosis.

Awards.—Gold Medal not awarded.

A Silver Medal to the exhibits of the Swedish National Antituberculosis Association; Dr. Bertil Buhre, Stockholm, Sweden.

A Silver Medal to the Henry Phipps Institute; Dr. Lawrence F. Flick, Director, Philadelphia, Pennsylvania.

A Silver Medal to the Boston Consumptives' Hospital; Dr. Simon F. Cox, Boston, Massachusetts.

Competition X—L.—A Gold Medal and two Silver Medals are offered for an exhibit of the most practical method for the eradication of bovine tuberculosis.

No awards.

Competition X—M.—A Gold Medal and two Silver Medals are offered for the best exhibit of a unit package of preventive supplies for a tuberculous patient for a definite period of time (one, two, three, or four weeks).

Awards.—A Gold Medal to the State Board of Health of Maryland; Dr. Marshall L. Price, Secretary, Baltimore, Maryland.

A Silver Medal to the Henry Phipps Institute; Dr. Lawrence F. Flick, Director, Philadelphia, Pennsylvania.

Competition XI.—A Gold Medal and two Silver Medals are offered for the best exhibit of a workshop or factory, constructed and managed in the interest of the crusade against tuberculosis. Each medal will be accompanied by a diploma or certificate of award.

But one award was made in this competition—a Silver Medal to the Massachusetts Exhibit, for the series of photographs showing devices to improve factory conditions in the State; Dr. Arthur T. Cabot, Boston, Massachusetts.

Special Awards to Exhibits not in Competition.

A Gold Medal to the United States Government Printing Office for sanitary cuspidors and appliances; Dr. William J. Manning, Washington.

A Gold Medal to the United States Department of the Interior for an exhibit of tuberculosis among the Indians; Francis E. Leupp, Commissioner of Indian Affairs, Washington.

A Gold Medal to the United States Department of Commerce and Labor for its exhibit of charts and maps bearing upon tuberculosis, prepared by the Census Bureau; S. N. D. North, Director Census Bureau, Washington.

A Gold Medal to the United States Public Health and Marine Hospital Service; Surgeon-General Walter Wyman, Washington.

A Gold Medal to the Department of Health of the State of Pennsylvania in recognition of its system of dispensaries and sanatoriums; Dr. Samuel G. Dixon, Commissioner of Health, Harrisburg, Pennsylvania.

A Gold Medal to the State of Colorado, with special mention of the relief map of the State exhibited by Dr. Charles Denison, Denver, Colorado.

A Gold Medal to the Massachusetts State Committee of the International Congress on Tuberculosis for the bound volume on "Tuberculosis in Massachusetts," Dr. Arthur T. Cabot, Boston, Massachusetts.

A Gold Medal to the Antituberculosis League of Porto Rico, for noteworthy progress since the institution of the League; Miss Acacia G. del Arroyo, San Juan, Porto Rico.

A Gold Medal to the National Association for the Combating of Tuberculosis of Denmark; Hon. C. Brun, Washington.

A Gold Medal to the Colorado Fuel and Iron Company for its exhibit of exemplary work in its hospital and welfare departments; Dr. R. W. Corwin, Pueblo, Colorado.

A Gold Medal to the Playground Association of America; Mr. Henry S. Curtis, Secretary, Washington.

A Gold Medal to the International Children's School Farm League; Mrs. Henry G. Parsons, New York.

A Gold Medal to the Journal of the Outdoor Life, Trudeau, New York, in recognition of services in the general campaign against tuberculosis throughout the United States; Mr. Warwick S. Carpenter, Trudeau, New York.

A Gold Medal to Dr. D. Sarason, Berlin, Germany, for models and plans showing new and interesting principles in house construction in its relation to the prevention of tuberculosis.

A Gold Medal to the Anna von Rath Stiftung, Berlin, Germany, for philanthropic work illustrated in its exhibit.

A Gold Medal to Professor J. G. Heymans, of the University of Ghent, Ghent, Belgium, for his exhibit illustrating his method of vaccination of cattle.

A Gold Medal to Professor Edouard Lang, of Vienna, for his efforts in the treatment of tuberculosis of the skin.

A Gold Medal to Dr. Simon von Unterberger, of St. Petersburg, for a valuable paper on "House Sanatoriums in the Fight with Tuberculosis," elaborating twelve theses or texts for wall charts.

A Silver Medal to Dr. Sims Woodhead, of Cambridge, England, for plans, with details and descriptions, of a sanatorium in England.

A Silver Medal to the State Department of Health of Pennsylvania for a model cottage for incipient cases of tuberculosis shown in Pennsylvania exhibit No. 26; Dr. Samuel B. Dixon, Commissioner of Health, Harrisburg, Pennsylvania.

A Silver Medal to the New York State Committee of the International Congress on Tuberculosis for its exhibit illustrating the production of clean milk; Dr. Herbert D. Pease, Department of Health, Albany, New York.

Medal to the National Association for the Study and Prevention of Tuberculosis; Dr. Livingston Farrand, Executive Secretary, New York.

Medal to the Sea Breeze Hospital; Miss Alice P. Thomson, Coney Island, New York.

Medal to the State Charities Aid Association; Mr. Homer Folks, New York.

A Silver Medal to the Central State Hospital Tuberculosis Department, Petersburg, Virginia, for preventive work in connection with tuberculosis among the negroes; Dr. W. F. Drewry, Petersburg, Virginia.

A Silver Medal to the Louisa M. Alcott and the Hawthorne Club jointly, of Boston, for an exhibit of their work in the training of children in the laws of hygiene and the prevention of tuberculosis; Dr. John B. Hawes, 2d, Boston, Massachusetts.

A Silver Medal to the Gaylord Farm Sanatorium, for its exhibit of the training of patients for after-care of themselves in their homes and occupations; Dr. David R. Lyman, Wallingford, Connecticut.

A Silver Medal to the Barlow Sanatorium, for the model, striving excel-

lence in detail, construction, and installation; Dr. W. Jarvis Barlow, Los Angeles, California.

A Silver Medal to the Prudential Life Insurance Company, for its charts showing mortality from consumption in various occupations; Mr. Frederick L. Hoffman, Newark, New Jersey.

A Silver Medal to the Stony Wold Sanatorium for its method of securing maintenance through Ladies' Auxiliaries in many communities; Dr. H. S. Goodall, Lake Kushaqua, New York.

Honorable Mention to the Nathan Straus Exhibit in recognition of philanthropic effort in supplying milk to the children of the poor; Mr. Nathan Straus, New York.

Honorable Mention to the Department of Health of the State of Pennsylvania for twelve beautiful autotone films of human lungs, showing tuberculous conditions, this being the first application of this process to medical uses; Dr. Samuel G. Dixon, Commissioner of Health, Harrisburg, Pennsylvania.

Honorable Mention to the State Board of Health of Maine for the exhibits of the Board; Dr. A. G. Young, Secretary, Augusta, Maine.

Honorable Mention to the State Board of Health of Michigan, for a model shack for home use, having novel and excellent features; Dr. F. W. Shumway, Secretary, Lansing, Michigan.

Honorable Mention to the New York State Department of Health, for six popular educational banners for use in tuberculosis campaigns; Dr. Eugene H. Porter, Commissioner of Health, Albany, New York.

Honorable Mention to the National Institution for Assisting Consumptives, Lisbon, Portugal, for an interesting sketch of the work of relief and prevention of tuberculosis in that country.

Honorable Mention to the Boston Association for the Prevention of Tuberculosis, in recognition of its special classes in hygienic instruction of delicate children, and its outdoor school for children afflicted with consumption; Mr. Walter E. Kruesi, Boston, Massachusetts.

Honorable Mention for the Exhibit of the Hospital for Crippled and Deformed Children; Dr. R. T. Taylor, Baltimore, Maryland.

Honorable Mention to Arthur V. Chapman of West Orange, New Jersey, for a model built by himself of a consumptive's shack, in which he has lived in his own back-yard for some years.

Honorable Mention to the Portland Open-air Sanatorium, for the model of a shack, and other models, showing valuable work done, and in progress; Dr. E. A. Pierce, Portland, Oregon.

Honorable Mention to the Pittsburg Sanatorium Educational Department, for its portable school exhibits; Dr. William C. White, Pittsburg, Pennsylvania.

Honorable Mention to the Davos Hospital for Advanced Tuberculous Cases; Davos, Switzerland.

Honorable Mention to Dr. Theodore B. Sachs, of Chicago, Illinois, for his exhibit of charts showing results of investigation of tuberculosis conditions in Jewish districts in that city.

PUBLICITY.

In September, 1907, Miss Gertrude B. Knipp was engaged to supply regular information to the press concerning the International Congress on Tuberculosis. The following statement shows the distribution of this press information:

To newspapers in the United States	698
To medical journals in the United States	112
To other periodicals in the United States	371
To foreign newspapers	659
To foreign medical journals	393

The matter sent out was very generally utilized, and there is hardly a corner of the world which did not see some public mention of the Congress. In this country the active campaign of publicity developed a market for special articles, and a considerable number of such articles, prepared by independent writers, largely from information published by us, were sold to publishers.

When the date of the Congress approached, special facilities were provided for prompt and reliable reporting by the many correspondents sent to the Congress. The following account of this part of the work is reprinted here because it includes the judgment of an experienced publisher. It is taken from the "Journal of the Outdoor Life," Mr. Warwick Carpenter, editor.

"Ten days before the Congress opened press abstracts suitable for newspaper use were distributed by mail to 1580 newspapers, through the four important press services that have district headquarters in Washington. The arrangements to supply these press services with as much advance copy as could be secured were made several weeks earlier. To carry out this plan a letter was sent to all who were scheduled to read papers at the Congress and who could be reached in this country, asking for brief quotable abstracts. Early in September all of the material on hand, comprising 116 addresses or papers, classified according to sections and arranged chronologically, was gotten into type. To safeguard the 'release' of the copy at the proper time, each set of abstracts bore the 'release' line of the press service by which it was to be distributed. Of the 1580 papers served, the Associated Press handled 900, reaching the United States, Hawaii, Cuba, and Mexico directly, and getting in touch with Canada and the countries across the water by exchange services; the United Press, 375; the Hearst News Service, 250, and the New York 'Sun' Press Association, 55. Other copies were, of course, printed for the use of the local newspaper men, special correspondents, etc., during the week of the Congress.

"A schedule of the speeches that were in type was made out each day. Messengers were sent from one section room to another at short intervals to get the list of papers read up to a given time. Representatives of the press service were on duty in the press room, and as soon as a paper was read, a telephone call went to the central office of the press service, authorizing the 'release' of the copy already in type.

"The very general publicity in every part of the country, of the material that had been sent out in advance, proved that the effort had been worth while. For the month of September and the first ten days in October the three clipping bureaus to which the office subscribed sent in about 2300 clippings which referred directly to the Congress. Of this number one service alone sent 1980 clippings. Every State in the Union except Nevada was represented in the collection, which typified, of course, only the newspaper publicity in this country. That of the medical journals or other periodicals could be reckoned only by reference to Poole's and the other indexes."

MEMBERSHIP.

The appeal for membership in the International Congress began in July, 1907, and the ascensions by months were as follows:

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1907..	..	..	..	..	..	..	..	169	108	118	118	112
1908..	92	127	133	155	162	337	357	604	2870	630	70	..

Foreign members are not included in this table. The total membership was more than 6700.

The distribution of the membership in the United States shows some interesting facts. The ten States having the largest membership are: New York, Pennsylvania, District of Columbia, Maryland, Massachusetts, Illinois, Virginia, Ohio, Texas, and Wisconsin, in the order named. The ratio of membership to population gives another and a fairer view. The ten highest are District of Columbia, Maryland, New Mexico, Pennsylvania, New York, Delaware, Colorado, Connecticut, Virginia, and Vermont. If one considers distance, as should be done, in an attempt to value the local effects, the following States come prominently into view: California, New Mexico, Colorado, Washington, Texas, Florida, and Wisconsin.

OFFICE WORK.

The office work was done by ten clerks, under the supervision of Miss A. A. Stokes. Between September 21st and October 12th the number of clerical employees increased to 35. Other employees, in connection with the Congress and Exhibition, brought the total payroll for the week September 28th to October 4th up to 73 persons. Following is a summary of the office work.

Letters received	12,186
Second-class mail received	1,219
Outgoing letters and telegrams	26,574
Pages typewriting (not correspondence)	3,991
Circulars and printed notices sent out	68,361
Preliminary announcements sent out	36,295
Express and mail packages sent out	601
State committee bulletins sent out	2,288

These figures show average receipts of 36 pieces of first-class mail (letters) daily for 337 days (Sundays not counted). During the month September 12th to October 12th, the incoming mail brought 125 pieces of first-class matter daily. The daily average of outgoing mail, for the whole time, was about double that coming in. During the month September 12th to October 12th the daily average outgoing mail was relatively very low.

COST.

When the Transactions are distributed, the Central Committee will have incurred a total expense amounting to more than $100,000 on account of the Sixth International Congress on Tuberculosis.

The funds were derived in part from membership fees, but chiefly through gifts by the generous citizens, whose names are recorded elsewhere as members of the Honorable Board of Counsel and of the College of Patrons. Besides the funds administered by the Central Committee, the Congress of the United States made two appropriations; one to the Department of State ($25,000) to meet the needs of the seven Federal Departments participating in the Congress and the Exhibition; the other ($40,000) being expended under the direction of the President, in preparing the New National Museum for the use of the Congress. The Central Committee had nothing to do with these two funds. Following is a statement of expenditures by the Central Committee up to January 1, 1909

Salaries and wages	$23,539.72
Postage and stationery	5,822.72
Printing, including $3000 part payment on Transactions and $5000 printing abstracts	18,264.25
Translation and interpretation	4,258.69
Extra typewriting and mimeographing	1,975.54
Rent	1,341.66
Office furniture, including typewriters	1,829.69
Express, telephone, customs and storage on exhibits	1,470.93
Miscellaneous (including cost of installing and dismounting exhibit, $2548.23)	4,203.29
Traveling expenses	1,233.97
Directories, etc.	63.54
Badges, medals, awards, and diplomas	9,138.33
Lectures and demonstrations	6,950.00
	$80,092.26

JOHN S. FULTON,

Secretary-General.

The Prize-Winning Essays and Leaflets.

In the following pages the essays and leaflets which were adjudged the best in the competitions are reproduced, as nearly as possible, in their original typographic style.

A cash prize of one hundred dollars was awarded to the Pennsylvania Society for the Prevention of Tuberculosis for a leaflet entitled—

Plain Facts about Tuberculosis.

TRACT No. 9.

Names. Consumption, decline, debility, phthisis, hectic fever are some of its general names. It may affect particular parts of the body and then be called by special names, as scrofula, hydrocephalus or water on the brain, lumbar abscess, iliac abscess, ischiorectal abscess, fistula in ano, white swelling, bone caries, Pott's disease or hunchback, hip-joint disease, and lupus.

Contagion. Tuberculosis is a communicable disease caused by the tubercle bacillus, a minute vegetable organism. It is always contracted from another suffering from the disease.

Colds. It never comes from a cold, though a cold may first draw attention to it.

Heredity. It is not hereditary. It is found most commonly in children of consumptives because they are more exposed to contagion.

Implantation. The bacillus gets in by the nose, mouth, or an open wound. Wherever implanted it produces little nodules called tubercles. These may grow in size. They may soften, break open, and be expelled, leaving behind an ulcer or a cavity, bacilli being left in the walls of the ulcer to continue the disease.

Cure. In cure nature throws a wall of scar tissues about the tubercle or cavity. This wall becomes gradually thicker and thicker, growing towards the center until nothing is left but a scar. This means perfect cure.

Plain Facts About Tuberculosis.

Relapse. Until the scar is thoroughly formed, it may break down at any time, leaving the bacilli free to continue their action at that place, and a relapse ensues.

Poisoning. While developing the disease the germs manufacture a poison which circulates in the blood, causing fever, increase in pulse-rate, chills, sweats, stomach disturbances, and wasting.

Contributory Causes. Though the tubercle bacillus is the sole cause of the disease, there are several things which favor its development. The majority of people in good health are not susceptible. Anything tending to lower vitality improves the soil for the development of this little vegetable. Therefore poor and insufficient food, overwork, alcoholism, worry, dissipation, surroundings like a damp, dark, or overcrowded dwelling, severe diseases, like typhoid fever, repeated colds, etc., all tend to make a person susceptible to the disease.

Incurable Cases. When the disease is far advanced and has affected the greater part of a vital organ or parts of many organs it is incurable.

Curable Cases. In earlier stages the majority of cases can be cured.

Mode of Cure. For cure the first thing necessary is to build the patient up to a perfect state of physical health. This is accomplished by rest, regular life, fresh air, and good nourishment.

Rest. If the disease is active or advanced, rest, even rest in bed, may be necessary. In any case the patient must stop work and exercise until the pulse and temperature are under 100. He should return to work only on the advice of a physician. The patient should always have nine hours' sleep, retiring before 10 P. M.

Fresh Air. He must sleep alone and when possible in a room alone. The windows of the sleeping room should be kept wide open day and night no matter what the weather. The idea is to make every inhalation one of unbreathed air. During the day the patient must spend as much time as possible out of doors.

Diet. The diet should be generous, nourishing and easily digestible. The most nourishing food we possess is milk, raw eggs, raw or rare beef, and beefsteak. The more the patient consumes of these, the quicker he will build up.

Plain Facts About Tuberculosis.

Alcohol. Alcohol (whisky, brandy, wines, and beer) is especially harmful.

Prevention. In all cases, contagion to others can be prevented. The contagion or the germs are contained in the discharge from a tuberculous sore, therefore in cases of lung tuberculosis in the sputum. The germs are very small and frequently millions of them are spit up in a single day.

Sputum. If the patient is careful with his sputum he is harmless; if he is careless, he is dangerous to others and also to himself. In tuberculosis spitting is one of nature's methods of getting rid of the germs. The patient should therefore never swallow his sputum, for fear of infecting other parts of the body. He should wear no beard or mustache to which particles of spit might adhere and be inhaled or swallowed. The hands should be washed and the mouth rinsed before eating.

Spitting. To protect himself and others he should never spit where the sputum may dry and be swept into the air as powdered dust which may be inhaled. He should never spit on the floor, wall, carpet, stove, or sidewalk.

Handkerchiefs. He should not spit into rags or handkerchiefs, since he contaminates the hands, face, and clothes with them.

Spit Cups. The only things a consumptive should use to receive sputum are spit cups and paper napkins. If the spit cups are made of paper they should be burned; if of china or metal they should contain a solution of lye (ordinary household lye), be emptied into the hopper once or twice a day and boiled. Pocket sputum cups for use away from home may be obtained in drug-stores. The lips should be wiped with paper napkins.

Paper Napkins. When a spit cup is not at hand, paper napkins should be used for the sputum. These should be used only once and put into a paper bag and burned.

Coughing and Sneezing. When coughing or sneezing spit particles may be thrown out, and hence a paper napkin should be held before the lips.

Breath. The breath of a consumptive does not contain the germs and will not produce the disease.

Plain Facts About Tuberculosis.

Soiled Linen. The patient's soiled wash clothes and bed linen should be handled as little as possible and should be boiled before washing.

Disinfection. Before a room which has been occupied by a consumptive is used again it should be thoroughly cleansed. The furniture, pictures, and curtains should be removed to the yard and scrubbed; carpets should be raised and disinfected; the floor scrubbed and the walls scraped and repapered.

Advertised. Cures. Consumptives are warned against the many widely advertised cures, specifics, and special methods of treatment for consumption. No cure can be expected from any kind of medicine or method except the regularly accepted treatment which depends upon pure air, an out-of-door life, and nourishing food.

PUBLISHED BY THE

(Members of the Society may obtain small quantities of these circulars for gratuitous distribution by applying at the office.)

A gold medal was awarded to Dr. Orville D. Wescott, Denver, Colorado, for the folder reproduced below.

"It is in the power of man to cause all germ disease to disappear from the world."
—Pasteur.

CONSUMPTION IS THE MOST COMMON FORM OF

Tuberculosis

AND IS A GERM DISEASE.

NO SPITTING, NO CONSUMPTION

This leaflet is published as a brief of information to those so unfortunate as to be the victims of this disease; as a warning to those whose physical condition predisposes them to the acquiring of this infection, and as a protest to those who are carelessly spreading the germs of consumption throughout the state.

"Public health is the foundation on which reposes the happiness of the people and the power of the country."

"It is an axiom of the great that, 'The State is all of us'; and from that we take the corollary, 'The greatest good to the greatest number.' The function of the State is, therefore, the welfare of the people; not alone material, striving to regulate by the machinery of law their commerce; not alone spiritual, directing the thoughts of men to the things not of this earth; but equally important are the things pertaining to the public health and the physical well-being—teaching men to lead healthful, wholesome lives and thereby transmit to their children and their children's children the strength and virility of sturdy manhood and womanhood."—John Selden.

Tuberculosis

Is a germ (parasite) disease; it is an infectious disease; it is a preventable and curable disease; it is commonly called CONSUMPTION.

Cause.

The growth of certain germs (bacilli) in the body tissues. In the lungs the disease is known as Pulmonary Consumption. Frequently associated with the disease of the lungs there is tubercular invasion of other organs or parts of the body; tuberculosis of the larynx, or throat; of the glands, chiefly of the neck, called Scrofula; of the joints, called White swelling; tuberculosis of the kidneys, of the bowels, of the peritoneum, and sometimes of the skin.

How the Disease is Communicated.

Millions of the germs of consumption are thrown off with the sputum that is coughed up from the lungs during each twenty-four hours; if the individual spits indiscriminately on the floor, the sidewalk, or the street the sputum dries rapidly, the germs are set free to mingle with the dust and to be blown about by currents of air, or swept up by the skirts of some woman in passing and breathed in by the passersby.

How the Disease is Acquired.

The means by which consumption may enter the human system are, (a) breathing the germs directly into the lungs through nose or mouth; (b) through the digestive tract, the eating of infected food-stuffs, the drinking of milk from tuberculous cows, the use of drinking glasses, eating utensils, and other articles that have been handled or used by consumptives; and (c) rarely, the infection being received through the skin.

The Disposal of Sputum.

Consumptives with a cough must expectorate, but they can do so in a way that will not seriously endanger the health of others. They owe this to the community in which they live and they owe it to themselves, for they can easily be further infected by breathing in the germs they have themselves spit out. They should be provided with proper receptacles in

The Disposal of Sputum.
(Continued.)

which they can expectorate when it is necessary; these are made in metal, glass, and paper, and are easily procurable at any good drug-store. For house use the square metal box with a paper refill is best; it is easily and quickly removed, without danger of soiling the fingers, and is then ready to be burned. For use out of doors there is a paper pocket cup that gives perfect satisfaction; these can be bought two dozen to the box at any of the shops. Handkerchiefs, old cloths, or preferably small gauze squares may be used and afterward burned. Paper napkins can be bought by the hundred for a few cents, and after once using immediately deposited in an ordinary paper bag that has been treated with a coating of paraffin on the inside, and the whole burned at the end of the day.

Symptoms of Tuberculosis.

The symptoms of incipient, pulmonary tuberculosis are few in number, and frequently not characteristic. They are often not sufficiently marked to attract the attention of the individual affected, and their significance may not be recognized by the physician, as there are other conditions which closely resemble beginning tuberculosis. The symptoms usually assigned to pulmonary tuberculosis, that is, persistent cough with expectoration, loss of appetite and weight, the spitting of blood, are really symptoms not of the incipient but of the advanced disease.

The following facts have been clearly demonstrated:

First: Incipient tuberculosis tends to recovery.
Second: Advanced tuberculosis can sometimes be arrested in its progress, or partially so, and life comfortably prolonged for a number of years.
Third: Far advanced tuberculosis, with or without mixed infection, tends to a fatal issue.
Fourth: Successful treatment and the prevention of the spread of the disease demand the earliest possible diagnosis.
Fifth: The positive diagnosis of incipient pulmonary tuberculosis may be made even when there is no cough or sputum; the finding of the tubercle bacilli in the sputum is merely confirmatory.

Treatment of Tuberculosis.

THERE IS NO SPECIFIC CURE FOR TUBERCULOSIS. A SUFFICIENT AMOUNT OF PROPER FOOD, WITH PLENTY OF FRESH AIR AND REST, CONSTITUTE THE ESSENTIAL BASIS OF ALL SUCCESSFUL METHODS OF TREATMENT.

The consumptive is the ideal victim of the quack, charlatan, and vender of patent medicines.

If you have any reason to suspect that you have tuberculosis, consult a physician at once. The best treatment is OUTDOOR LIFE, REST, and plenty of GOOD FOOD, under careful and constant MEDICAL SUPERVISION.

If You Have Consumption

1. Be hopeful and cheerful, for your disease can be cured if you have not neglected it too long.
2. Obey your physician's instructions. You may improve steadily for months, and then lose it all by carelessness.
3. Spend as much time as possible out in the open air. Sleep out if possible. The night air is not harmful. If you have to sleep inside have your windows wide open. Sleep alone.
4. Be properly clad; do not load the body with tight clothes, or too many. Do not be afraid of cold weather as long as the body is adequately clothed.
5. Avoid eating when bodily or mentally tired, or when in a state of nervous excitement. Take plenty of nourishing food; consumptives often need more nourishment than they are inclined to take.
6. Milk, eggs, and fatty foods are especially valuable, but great harm may be done by overfeeding.
7. Eat slowly, chew your food well, avoid too much sweet, or anything which may cause indigestion.
8. Do not smoke, and do not drink liquor, wine, or beer, except by special permission from your physician, but drink plenty of good pure water between meals.
9. Sponge the chest with cold water morning and evening, then rub the body well with a coarse towel.
10. If you should have a hemorrhage do not be alarmed; do not take whisky to stop it, that will only make it worse, but keep quiet and send at once for a physician.

Be Hopeful and Expect a Cure.

To The Well.

Dust, dirt, dampness, and darkness are the friends of tuberculosis; sunshine, fresh air, soap and water are its enemies. Improper living, bad habits, and loss of sleep make you a favorable subject for infection.

Do not spend your money for beer or other liquors; they have no nutriment value, and are more or less harmful to the tissues of the body.

Spend your money for simple, well cooked food—good fresh meat, eggs, oatmeal, rice, and other vegetables, and for bread and butter, fruit and milk.

Do not live in houses or rooms previously occupied by a consumptive until they have been disinfected.

Keep your windows open day and night, live out of doors as much as possible, fill the lungs with pure air, breathe through the nostrils and not through the mouth.

Do not clutter up the house or your room with useless bric-a-brac, heavy hangings, or useless upholstered furniture; they are all dust-catchers, and dust is germ-laden. White-washed or painted walls are preferable to those covered with wall-paper; rugs that can be taken up and cleaned outside of the house are preferable to dust-catching carpets. Damp cloths and mops should be used instead of dusters and brooms.

THE PURE AIR, CLEAN LIVING, and GOOD FOOD which cure consumption are even more effective in warding it off.

Preventing the Spread of Tuberculosis
By
Cleanly Habits
Disinfection
Fumigation

Personal Cleanliness

Do not kiss any one.
Cover your mouth with your hand when you cough.
Wash your hands and clean your finger-nails before each meal.
Consult a dentist frequently as to the condition of your mouth and teeth.
Brush the teeth thoroughly and rinse the mouth before meals, and on arising in the morning and retiring at night.

Disinfection

Use a paper napkin with your meals, burning it immediately afterward.
See to it that the dishes you use, especially the silverware and drinking cups, are carefully scalded with boiling water after they are washed.
Handle your soiled personal and bed linen as little as possible, particularly handkerchiefs; before sending them to the laundry place them in a vessel containing a 5 per cent. solution of Carbolic acid, and let them remain there for a period of not less than two hours.

Fumigation

Formalin is probably the best fumigant we know of at the present time; it is also the simplest to use.
It is most effective when used in combination with the crystals of Potassium Permanganate. In the preparation of a room for fumigation all apertures, window crevices, key-holes, speaking tubes, etc., should be carefully stopped. For each 1,000 square feet of space to be fumigated use 10 ounces of the commercial solution of Formalin (40 per cent. of the gas in water) and 8 ounces of the crystals of Potassium Permanganate; spread the crystals in an even layer over the bottom of a wide, shallow pan, and over this pour the solution of Formalin, quickly leaving the room, placing a damp towel at the bottom of the door in order to confine the gas. Leave the room for twenty-four hours after starting fumigation, and preferably air for twenty-four hours before occupancy.

"How Should We Combat Bad Sanitary Conditions in Our Homes?

1. By an educational campaign in the homes, carried out by the Board of Health and a staff of trained visitors.
2. By a compulsory notification of cases in all cities.
3. By enlarging the powers of health boards, so as to deal efficiently with the question of disinfection of the houses occupied by tuberculous patients.
4. By attention to housing of the poor, proper control of tenements, and the regulation by law of the number of persons in each house.
5. By placing upon the landlord the responsibility of providing, under control of the board of health, a clean, wholesome house for a new tenant.
6. By the wholesale condemnation of unsanitary streets and blocks and the rebuilding of them by the municipality."—Osler.

A silver medal was awarded to the Verein zur Bekämpfung der Schwindsucht in Chemnitz und Umgebung for the leaflet reproduced below.

Verein zur Bekämpfung der Schwindsucht in Chemnitz und Umgebung. (E. V.)

Schutz vor Schwindsucht.

Eine der verheerendsten Krankheiten des Menschengeschlechtes ist die Schwindsucht. Ein Siebentel aller Menschen fällt ihr zum Opfer. Allein in Deutschland sterben daran alljährlich fast 130,000 Menschen.

Die Schwindsucht entsteht durch Einatmen eines winzig kleinen, nur bei sehr starker Vergrösserung sichtbaren Krankheitskeimes, des sogenannten Tuberkelbazillus. Sie ist ansteckend, d. h. sie kann von einem Menschen auf den anderen übertragen werden.

Aber nicht die ausgeatmete Luft etwa ist gefährlich; vielmehr findet die Ansteckung in der Regel durch den Auswurf statt, insbesondere dadurch, dass der Auswurf von Brustkranken auf den Fussboden oder ins Taschentuch gespuckt wird, hier trocknet und verstäubt und der eine oder der andere der zahlreich darin enthaltenen Krankheitskeime von Gesunden eingeatmet wird.

Die ersten Anzeichen der Lungenschwindsucht sind: längere Zeit andauernder Husten mit oder ohne Auswurf und Abmagerung. Oft bestehen ausserdem: Appetitlosigkeit, Mattigkeit, Bruststechen, abendliches oder nächtliches Fiebergefühl (Frösteln, Hitze), Nachtschweisse, Kurzatmigkeit und Bleichsucht. Ein fast sicheres Zeichen von Schwindsucht ist der Bluthusten.

Kein Mensch ist vor einer Erkrankung an Tuberkulose sicher. Es gibt aber zahlreiche Personen, die weit mehr als andere gefährdet sind, die Tuberkulose zu erwerben. Besonders häufig erkranken die Nachkommen Schwindsüchtiger, dann diejenigen, die im häuslichen oder beruflichen Leben in enge Berührung mit Schwindsüchtigen kommen, schliesslich die in staubigen Betrieben Arbeitenden (Müller, Bäcker, Glas-, Metall- und Steinschleifer, Feilenhauer, Wollarbeiter, Weber, Buchdrucker, Tabakarbeiter, Schneider u. a. m.).

Kinder sind gefährdeter als Erwachsene, besonders wenn sie an Skrofulose, englischer Krankheit oder Blutarmut leiden.

Wie schützt der Gesunde sich und seine Angehörigen vor Schwindsucht?

Die Wohnung sei geräumig, trocken, luftig, sonnig und sauber. Das grösste Zimmer ist zur Schlafstube zu wählen.

Die Nahrung sei eine aus Fleisch, Fett, mehlhaltigen Stoffen und Gemüsen zusammengesetzte. Für minder Bemittelte sind als billige Fleischnahrung zu empfehlen: Herz, Lunge, Kuheuter, Kalbsgekröse und mehrere Fischarten wie Schellfisch, Stockfisch und Heringe. Einen nahrhaften und preiswerten Fleischersatz bildet der Käse, besonders der Quarkkäse. Von pflanzlichen Nahrungsmitteln sind besonders reich an Nährstoffen und gleichwohl billig: Reis, getrocknete Erbsen, Bohnen und Linsen. Milch sollte, besonders von Kindern, nur in gekochtem Zustande genossen werden.

Überaus wichtig und doch leider sehr häufig arg vernachlässigt ist eine genügende Hautpflege.

Wasche jeden Morgen den Oberkörper mit Wasser und Seife; nimm wenigstens einmal wöchentlich ein Voll- oder Brausebad!

Wasche stets die Hände vor dem Essen! Halte die Mundhöhle durch tägliches Bürsten der Zähne sauber!

Halte die Wohnung rein und staubfrei! Kehren wirbelt Staub auf! Wische Fussböden, sowie Möbel mit feuchten Tüchern!

Lass Licht und Luft in die Wohnung! Luft und Sonne vernichten in kurzer Zeit die meisten Krankheitskeime, darunter auch den Keim der Schwindsucht.

Verbringe Deine freie Zeit an Sonntagen nicht auf Tanzböden oder in rauchigen Lokalen, sondern gehe lieber ins Freie!

Vermeide Ausschweifungen jeder Art! Nicht dringend genug kann vor dem übermässigen Genuss alkoholischer Getränke gewarnt werden. Erschreckend gross ist die Häufigkeit der Schwindsucht unter den gewohnheitsmässigen Trinkern.

Gehe frühzeitig zu Bett! 7 bis 8 Stunden Schlaf sind unbedingt notwendig.

Ehe Du für ein schwächliches Kind einen Beruf wählst, frage den Arzt, welchen Beruf das Kind ohne Schaden für seine Gesundheit ergreifen kann!

Vermeide den engen Umgang mit Schwindsüchtigen, besonders das Küssen auf den Mund!

Lass Deine Kinder nicht von Schwindsüchtigen pflegen! Besonders Kinder in den ersten Lebensjahren sind sehr leicht mit Tuberkulose anzustecken.

Ganz meide diejenigen Schwindsüchtigen, die unsauber mit ihrem Auswurf umgehen, ihn z. B. ins Taschentuch oder gar in rücksichtsloser Weise

auf den Fussboden spucken! Dagegen ist der gewöhnliche Verkehr mit sauberen und ihren Auswurf in reinlicher Weise in Spuckgefässe entleerenden Schwindsüchtigen ohne Gefahr.

Achte darauf, dass Dein Kind nicht auf unsauberen Fussböden herumkriecht! Gar leicht könnte es sonst vorkommen, dass es die an dem Fussboden beschmutzten Finger in den Mund steckt oder mit ihnen in der Nase bohrt und so die Tuberkulose erwirbt. In geräumigen Wohnungen stellt man den Kindern zweckmässig einen durch ein Holzgestell abgegrenzten Raum, der mit abwaschbarer Decke belegt ist, zum Spielen zur Verfügung.

Wie schützt der Schwindsüchtige seine Umgebung vor Ansteckung?

Es ist **Pflicht** eines jeden Lungenkranken, äusserst vorsichtig mit seinem Auswurf umzugehen.

Niemals spucke er auf den Fussboden, in die Gosse oder in den Aschkasten, aber auch niemals ins Taschentuch. Er entleere seinen Auswurf ausnahmslos in einen Spucknapf, oder wenn ein solcher nicht zu erreichen ist, in ein Taschenspuckfläschchen, das er stets und überall, wo er sich aufhält, bei sich in der Tasche führen muss.

Der Inhalt der Spuckgefässe ist täglich durch behutsames Ausschütten in den Abort zu beseitigen.

Beim Husten halte der Kranke ein Tuch vor den Mund.

Nie schlafe der Kranke mit anderen in einem gemeinschaftlichen Bett. Wenn möglich, bewohne er ein eignes Zimmer.

Körper, Kleidung und alle Gebrauchsgegenstände muss der Kranke peinlich sauber halten. Die gesamte schmutzige Wäsche des Kranken muss von der Wäsche der Gesunden getrennt gehalten und gesondert gewaschen werden.

Wenn möglich, benutze der Kranke eigenes Wasch-, Ess- und Trinkgeschirr. Er heirate nicht, es sei denn, dass er völlig geheilt und mindestens 2 Jahre hindurch geheilt geblieben ist.

Die Schwindsucht ist nicht nur vermeidbar, sondern, wenn frühzeitig erkannt, auch heilbar.

Je früher die Krankheit erkannt, je früher gegen sie z. B. durch eine Kur in einer Lungenheilstätte oder einer ähnlichen Anstalt eingeschritten wird, um so günstiger sind die Aussichten auf Heilung.

Deshalb versäume niemand, der an sich oder seinen Angehörigen und namentlich seinen Kindern die ersten Anzeichen einer tuberkulösen Lungenerkrankung zu verspüren glaubt, schleunigst einen Arzt zu Rate zu ziehen, **ehe es zu spät ist.**

[TRANSLATION.]

Association for the Prevention of Consumption in Chemnitz and Vicinity. (E. V.)

Protection Against Consumption

CONSUMPTION is one of the most destructive diseases of the human race. Its victims number one-seventh of the entire population. In Germany alone almost 130,000 persons die of consumption every year.

Consumption is caused by the inhalation of a very minute germ, the so-called tubercle bacillus, visible only under high magnification. The disease is contagious, that is, it can be transmitted from one person to another.

It is not, however, the expired air that is dangerous; the infection is, as a rule, carried by the expectoration or sputum, especially when the sputum of a consumptive person is expectorated on the floor or into a handkerchief, dries, and is converted into dust, and some of the innumerable germs contained in it are inhaled by healthy persons.

The first signs of consumption are: protracted cough, with or without expectoration, and loss of flesh. In addition there are very often loss of appetite, a sense of fatigue, sharp pains in the chest, feverishness in the evening or during the night (chilliness and heat), night-sweats, shortness of breath, and pallor. Spitting of blood is an almost certain sign of consumption.

Nobody is secure from infection with tuberculosis; but there are many persons who are in greater danger of acquiring the disease than others. The descendants of consumptives contract the disease more frequently than any others; next are those who in their homes, or in the course of their work, come into close contact with consumptives; and, finally, those whose occupation compels them to work in a dust-laden atmosphere (millers, bakers, glass-, metal-, and stone-grinders, file-makers, wool-workers, weavers, printers, tobacco-workers, tailors, and many others).

Children are more predisposed than adults, especially those who suffer from scrofula, rickets, or anemia.

How Shall Healthy Persons Protect Themselves and their Families Against Tuberculosis?

The house must be roomy, dry, airy, sunny, and clean. The largest room should be selected for a bedroom.

The food must consist of meat, fat, farinaceous substances, and vegetables. For persons of limited means the following inexpensive kinds of meat are recommended: heart, lungs, udder of cows, mesentery of calves, and various kinds of fish, such as haddock, cod, and herring. Cheese, especially whey-cheese, is very nutritious and a valuable substitute for meat. Among vegetable foods the following are particularly nutritious and at the same time inexpensive: rice, dried peas, beans, and lentils. Milk should be taken only after being boiled, especially by children.

Proper care of the skin is exceedingly important and is unfortunately very often greatly neglected.

The upper part of the body should be washed every morning with soap and water, and a full-bath or shower-bath taken at least once a week.

The hands should be washed before eating. The mouth must be kept clean by brushing the teeth every day.

Keep the house clean and free from dust. Sweeping raises the dust, and the floors as well as the furniture must be wiped off afterward with a damp cloth.

Have plenty of light and air in the house. Air and sunlight in a short time destroy most disease germs, including the germ of consumption.

Instead of spending your leisure time on Sundays in dance-halls or in smoky places, go out into the open air.

Avoid dissipation of every kind. The excessive use of alcoholic liquors

cannot be too severely condemned. The frequency of tuberculosis among habitual drunkards is appalling.

Go to bed early. From seven to eight hours of sleep are absolutely necessary.

Before choosing an occupation for a delicate child, ask a physician what occupation the child may take up without injuring its health.

Avoid intimate association with consumptives, especially kissing on the mouth.

Do not have consumptives to take care of your children. During the first years of life children are particularly liable to become infected with tuberculosis.

Avoid all consumptive persons who are careless in the disposal of their sputum and expectorate into their handkerchiefs or even on the floor. On the other hand, remember that ordinary intercourse with consumptives who are cleanly in their habits and deposit their sputum in spit-cups or cuspidors is without danger.

See to it that your children do not crawl about on filthy floors. They are very likely to put their fingers, soiled from contact with the floor, into their mouths or pick their noses with them, and thus acquire tuberculosis. If there is room in the house for a 'baby-yard', the floor of which is covered with a rug that can be taken out and washed, it will be found the most convenient place for small children to play in.

How Shall a Consumptive Protect His Surroundings Against Infection?

It is the **duty** of every consumptive to use the utmost care in the disposal of his sputum.

He should never expectorate on the floor, into the sink or the ash-can; nor should he ever use his handkerchief for that purpose. The sputum must always be deposited in a cuspidor, or, if none is at hand, in a pocket-flask, specially constructed for the purpose, which he should carry with him wherever he goes.

The contents of cuspidors and spit-cups are to be emptied every day into the water-closet.

When coughing the patient should hold a handkerchief up to his mouth.

A consumptive must never sleep in the same bed with another person. If possible, he should occupy a separate room.

The person, the clothing, and every article that he uses must be kept scrupulously clean. The soiled linen of consumptives must be kept separate from that of healthy persons and washed by itself.

If possible, the patient should use his own washing-, eating-, and drinking, utensils.

A consumptive should not marry unless he is completely cured and has remained well for at least two years.

Consumption is Not Only Avoidable; if Recognized Early, it is Also Curable.

The earlier the disease is recognized, the earlier it is combated by a course of treatment in a sanatorium or other similar institution, the more favorable is the prospect of cure.

Hence, as soon as any one notices the first signs of tuberculous disease of the lungs in himself or in a member of his family, he should consult a physician at once, before it is too late.

A gold medal was awarded to Dr. H. S. Goodall, of Stony Wold Sanatorium, for an essay entitled

TUBERCULOSIS

A Leaflet for Teachers

by
H. M. V. D. S.

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Tuberculosis is one of the oldest, most common, and most destructive diseases. One-tenth or more of all deaths are caused by it. It is at the same time the most curable of all serious diseases. Its cause is the tubercle bacillus, discovered by Prof. Koch in 1882.

This bacillus is a minute form of plant life, rod-shaped, motionless, living and able to multiply with great rapidity by dividing into two again and again. Outside the body these bacilli do not multiply. They are killed by direct sunlight, fresh air, and other agencies. Direct sunlight kills them in a short time. Fresh air kills them slowly, in proportion to the degree of light and air. Rain dissolves the sputum and exposes the bacilli to the sun and air. Boiling for half an hour will kill the bacilli, and if sputum is in small particles a shorter time will do. Five per cent. solution carbolic acid mixed with equal volume of sputum will disinfect in twenty-four hours if occasionally stirred. It destroys bacilli in thin smears of sputum quite quickly. Intense cold does not injure tubercle bacilli. In a dark, damp room they may live for months, while in a room with open windows and strong light they do not live many days.

Tubercle bacilli cannot be identified unless stained in a certain way.

Then they look, through a microscope, like bits of red silk thread or like rows of little red beads. They are from 1–10,000 to 1–5,000 of an inch long and about 1–5 to 1–4 as wide. Over 16,000,000 could be placed in a single layer on a two-cent postage stamp. Flies carry tubercle bacilli about if they get at any sputum, and 5000 bacilli have been found in one fly speck. Tubercle bacilli enter the body chiefly with dust in the air we breathe, on the food we eat, through tubercular milk or meat; less often by kissing and through wounds in the skin. If breathed in, the bacilli may go at once to the lungs and cause disease, or they may be swallowed with the mucus from the throat and enter the stomach and bowels. They may then, like bacilli taken in with food, pass with the products of digestion into the circulation, to lodge in the lungs or elsewhere. They may cause local disease of the digestive organs. The bacilli in sputum which is swallowed may thus cause new centers of disease. Food exposed to dust and flies or handled by unclean tubercular persons may carry tubercle bacilli. Having entered the system the bacilli may be destroyed if the person is healthy; they may multiply and cause tuberculosis; or they may lie dormant for long periods, until the person's physical condition becomes suitable for their growth.

The tubercle bacillus found in man and that found in cattle and other animals are the same for all practical purposes, although differing in minor details. Tubercle bacilli from one creature may produce tuberculosis in any other creature.

Tuberculosis is communicable like typhoid fever, but not infectious like scarlet fever. The bacilli are thrown out of the body in the discharges coming from the diseased region, the pus from glands or bones, the sputum from the lungs or throat. Sputum contains great numbers of bacilli; the pus not so many. Sputum carelessly scattered by tuberculous people causes the vast majority of cases of tuberculosis. Tubercular milk and meat cause a small portion and should be guarded against by maintaining and extending the official inspection of milk and meat.

The germs from a consumptive are carried by the sputum, not by the breath. The breath itself is harmless. If sputum be carelessly allowed to scatter it dries, becomes powdered and mingled with the dust, and the bacilli are then inhaled by some one or they settle on the food and thus enter the digestive tract. If one expectorates upon the sidewalk or in a car, some one carries part of the sputum on his shoes or clothes into the house, where it will be inhaled. Dry sputum flies about and is very dangerous. Wet sputum clings where it lies and is not as dangerous. Wet sputum in a cup is perfectly safe so long as it is not spilled and is protected from the flies. The person who uses a sputum box is safe; the one who spits on the floor is dangerous and should be ostracized. Putting pins, pencils, hair-

pins, or fingers into the mouth is liable to scatter bacilli about. It is dangerous to swap gum, or to eat apples, etc., that another has bitten.

In rare cases actual tuberculosis may be directly inherited. An inability to resist this disease, a predisposition, may be inherited from parents who have tuberculosis or who from any cause are weak or unhealthy. Generally, however, the extension of tuberculosis throughout a family is due to the transfer of bacilli from one member to another through improper care of the sputum.

Any form of sickness or bad living which weakens one's power of resistance renders one liable to tuberculosis. Overwork, poor food, lack of fresh air, drinking, excessive use of tobacco, vicious habits, late hours, and inherited weak constitution or unsoundness, all predispose. Poverty is the greatest predisposing cause, for the poor must contend against hard work, long hours, poor and often insufficient food, and overcrowded, unsanitary, poorly ventilated quarters.

No age is exempt, but tuberculosis is most common in adult life.

If the tubercular discharges from a patient are properly collected and destroyed no danger results and the patient is not a menace to nurse, neighbor, or fellow-workman. Discharges from glands, bones, etc., must be caught on copious dressings. These dressings should be wet before changing, to prevent any dry discharge from scaling off, and should be immediately burned. All sputum should be deposited in small, burnable, waterproof paper boxes, carried about in a metal frame. The paper lining is to be renewed as often as necessary, at least once a day, and burned with its contents. It may be necessary to put some sawdust in the box to mix with the sputum, so that the latter may not run through the fire into the ashes. The metal container should be boiled, or soaked in 5% carbolic solution. A pocket box of the above paper may be used, but does not hold much and is not adequate if one raises freely. Both boxes are made by Seabury & Johnson, New York city, and the Aseptic Drinking Cup Co., Cambridge, Mass. If these cannot be afforded a tin cup part full of water will answer, but the cup with its contents must be boiled vigorously for half an hour before it is emptied, and it must be covered while boiling, as otherwise some germs on the surface may remain alive. Metal pocket boxes may be used, but should be boiled. Sputum must never be put where it can dry and fly away, as by expectorating into a cloth or handkerchief. Nevertheless a cloth should always be held over the mouth when coughing, to catch the fine spray that flies, and this cloth should be burned and a new one taken frequently.

Do not allow children in the sleeping-room of a consumptive. In a consumptive's room use small rugs instead of carpets, sweep only with a broom bag dampened with 5% carbolic solution, and dust with a cloth

similarly dampened. Wash and boil both broom bag and duster frequently. Boil the bed linen. Use paper napkins at the table and gauze for handkerchiefs, and burn both. Knives, forks, spoons, etc., should be kept separate and well washed and scalded.

In the lungs the bacilli grow in the partitions between the air cells and passages, and as long as the membrane lining these spaces is intact no bacilli can get into the spaces and none can be found in the sputum, although the patient may be quite ill. It is dangerous to wait until bacilli are found before admitting that one has tuberculosis. The diagnosis can frequently be made upon other evidence before bacilli are found. The chance of cure is smaller after bacilli appear in the sputum. The bacilli do harm by destroying tissue and by poisoning the general system with soluble posions. If recovery takes place the injured tissue is replaced by scar-like tissue.

The early symptoms of tuberculosis are slight cough, with or without expectoration, hoarseness, rapid pulse, slight fever (99.5°, if occurring frequently, is suspicious), loss of weight and strength, and gastric disturbance. Any of these, if persistent, or recurrent, calls for prompt examination of the lungs and sputum by an expert. Later on come night-sweats, the hectic flush, and shortness of breath. Hemorrhage, pain in the chest, and cessation of menstruation may be early or late symptoms. Pleurisy generally means tuberculosis. Bacilli in the sputum constitute a positive proof. Their absence proves nothing. As the lungs extend to the sixth rib in front and the tenth rib behind, the clothes must be entirely removed to the waist, to allow complete and thorough examination.

No medicine has any effect upon the tubercle bacilli inside the body; nevertheless consult your physician, for he can guide you safely past many pitfalls. Alcoholic remedies are injurious. Any medicine that disturbs digestion is injurious.

Fresh air, rest, and good food put the body in condition to overcome the bacilli. This is the treatment of to-day. Rest means absence of work, to sit or lie all day in the open air (in the yard, on the porch, or on the roof), to read, to sleep, to spend eight to ten hours nightly in bed.

Fresh air means to spend all day out of doors, and this resting, not exercising. Rest has never hurt a consumptive; over-exercise has killed thousands. Be out of doors but be protected from storms and from wind. Sleep outdoors or with windows open both top and bottom. Occupy a room with windows on two sides, if possible. On winter nights wear underclothing, stockings, a cap or hood, a cotton-flannel nightgown, and sleep between cotton-flannel sheets. Keep comfortable but have the air. At night there is no air other than night air, and the fresh outdoor night air is infinitely better than the stale indoor night air.

Food should be abundant, varied, nourishing, well cooked, and attractively

served. Milk, eggs, meat, bread and butter, cereals, fruit, vegetables—but little pastry or sweets. Do not stuff; eat as much as your stomach can manage, but do not overwork it. All this treatment one may have at home, and the home treatment is all that most patients can get. For many it suffices.

Removal to a suitable climate combined with this treatment gives one a better chance than treatment at home. Treatment at a sanatorium shows better results than treatment at a hotel or cottage in the same region. However, comfort and plenty at home are better than discomfort and want in the best climate. Climate alone will not effect a cure nor enable one to work. Like food and rest, climate is desirable, but the two former are to be chosen if one cannot afford all three.

A cold sponge- or shower-bath, taken in a comfortable room daily, makes the skin perform its functions better, accustoms it to sudden changes of temperature, and renders one less susceptible to colds. If the reaction is not prompt and complete, the baths should be less cold until tolerance is acquired.

A person who has had or is likely to have tuberculosis should choose an occupation demanding as little heavy physical labor, anxiety, or wearing responsibility as possible, and affording the shortest hours, the most outdoor life, or best ventilation inside, with sufficient remuneration to provide sanitary quarters and plenty of good food.

A silver medal was awarded to Dr. George H. Kress, of Los Angeles, California, for an essay entitled—

The Warfare Against Tuberculosis and the Relation of Teachers Thereto.

Why a World-Warfare Is Being Waged Against Tuberculosis.

Pulmonary tuberculosis, known also by the names of consumption and the great white plague, is responsible for one out of every five to ten deaths.

It has been estimated that the world annually offers up more than one million lives to this disease, two deaths occurring every minute.

In the United States, the death roll from tuberculosis every year means the loss of more than 150,000 citizens.

Most of these deaths (about 90 per cent.) are adults. The economic loss represented by these deaths means an annual deficit to this country of more than three hundred million dollars. In addition to this vast loss of money to the nation, there is the suffering endured by the victims of the disease and the sorrow of bereaved and often of dependent families.

All this vast amount of death, treasure, suffering, and sorrow is occasioned by a disease that can be prevented. The deaths of these citizens and all the loss that goes therewith are therefore altogether and entirely unnecessary!

Is it any wonder, then, that the civilized world has at last awakened to its responsibilities in this almost greatest of all public health problems and is determined to exterminate this wide-spread and unnecessary disease?

The basic facts essential to prevention and cure have been discovered. The task before the world is the application of this knowledge. The call to arms for battle with this great scourge has gone forth to all civilized nations and peoples.

The members of the teaching profession will have an almost sacred part to bear in that warfare.

The Important Rôle of Teachers in the Warfare Against Tuberculosis.

Teachers will have a tremendous influence in the fight against tuberculosis, because the successful eradication of the disease will depend in good part upon the extent to which the rising generation of citizens are taught concerning its prevention and cure.

What Is Tuberculosis?

Tuberculosis is a disease usually affecting the lungs (although bones, glands, and other tissues are not infrequently attacked), and which runs most often a slow course of weeks, months, or years, being characterized by cough

and other pulmonary symptoms with gradual loss of weight and strength and the presence of certain constitutional symptoms.

The Causes of Tuberculosis.

In 1882, Robert Koch, of Germany, proved that tuberculosis belonged to the class of germ or infectious diseases by discovering the particular or specific germ that must always be present in the body afflicted with this disease. This germ, because of its rod-shape, is called the bacillus tuberculosis.

Since then has been proven also that the predisposition to the disease exists in those persons whose health for any reason is below normal. In other words, the old idea that tuberculosis was hereditary has been shown to be an error. The most that can be inherited is the predisposition, namely, a weakened body, and a weakened body is far more often acquired than inherited.

The Specific or Germ Cause of Tuberculosis.

The specific or exciting cause of the disease is the microörganism or germ or bacterium known by the name of the bacillus of tuberculosis. This bacillus is so small that ten thousand placed end to end make only a single linear inch.

Like other bacteria it is a member of the plant kingdom. This particular germ belongs to the class of parasitic plants. In common with other plants it grows best in soils adapted to its needs. The soil it seems to prefer above all others is the lung tissue of a person whose health or resistance is below par.

The bacillus of tuberculosis is spread broadcast because a single consumptive can cough up in twenty-four hours sputum containing not millions but actually seven billions of germs. Under present conditions the care of this sputum is often neglected, and as it dries into dust, the germs are blown hither and thither, to contaminate not only the air that is breathed, but to get on things that are handled or eaten.

Types of this germ are also found among certain of the lower animals, where they also produce forms of pulmonary tuberculosis. Those found in dairy cows are particularly a menace, since milk is a good medium of transmission.

Predisposing Cause of Tuberculosis—A Weakened Body.

Through the discovery of the bacillus of tuberculosis and the elimination of the theory of hereditary transmission must disappear also much of the fatalism with which tuberculosis has been accepted by many persons.

The general groups into which the predisposing causes fall may be said to be bodily weakness or lack of resistance, resulting either from hereditary enfeeblement, overwork, underfeeding, previous diseases, vicious habits, overcrowding, or general unhygienic mode of living.

Many infants are born weak. Unless such children can be developed physically, they are apt to give but feeble resistance to disease.

Overwork, mental or physical, whether from necessity or from choice, through the bodily fatigue and weakness induced, is responsible for many infections from tuberculosis. Certain occupations also, like those with irritating dusts, frequent temperature variations, confined positions, and so on favor the production of bodily or pulmonary weakness.

Underfeeding, whether from insufficient or improper foods, is another factor responsible for much bodily weakness.

Previous diseases—and particularly in childhood, measles and whooping-cough, and later in life, grippe—often induce a lack of resistance, which through neglect, or in adult persons by too early return to work, place such persons in excellent receptive condition for infection.

Vicious habits, particularly over-indulgence in alcoholic drinks, to the neglect of good food, often results in lowered health and predisposition to tuberculosis.

Overcrowding is a far too frequent cause in the production of weakened bodies. Workshops, school-rooms, and homes seem often to be constructed to keep air out rather than to let it in. In many rooms persons are crowded into a limited air-space with almost utter disregard to ventilation. To breathe vitiated air is at all times harmful. An impression prevails also that night air is harmful and that open windows at night are dangerous. This is the contrary of the actual facts. Outside night air is almost invariably more pure than that of a closed room in which the oxygen is being consumed by human beings, lamps, or gas.

The Changes Produced in the Lungs by the Germ.

The bacillus tuberculosis is a parasitic plant which in pulmonary tuberculosis feeds on the lung tissues. At the same time it casts off substances which not only lessen resistance locally, but which, when they get into the blood and circulation, are largely responsible for the symptoms of the disease.

When the germs get into healthy lungs, even though they gain a foothold, they are usually overcome by the tissue cells and fluids.

But when the germs get into the lungs of persons whose health or resistance is below normal, the germs often gain the victory. The elementary change produced in the lung tissue is a little nodule about the size of a pin's head, called a tubercle. This tubercle can break down into an ulcer or small abscess. If many such be near together, a cavity may be formed.

In healing or cure the tubercles, ulcers and, abscesses are replaced in whole or in part by ordinary scar tissue, such as that by which wounds on the surface of the body are repaired.

The Symptoms of Tuberculosis.

The difficulty of early recognition, combined with the mildness of the discomfort in the early stages, are the factors largely responsible for neglect of this disease by its victims, until a time often so late as to not give much real chance for recovery.

In the beginning all that may be evident is a tired feeling or a tendency to fatigue after work, some variation in appetite, some slight loss of weight, and an irregular cough of somewhat obstinate character.

Later on, the loss of weight and cough may be increased, much sputum may be expectorated, fever may be noted, night-sweats may occur, and there is increasing weakness.

Still later may be shortness of breath, with accentuation of the above symptoms, and with or without hemorrhage or other complications. In this third stage is met the typical emaciated, weakened, coughing consumptive.

The Two Fundamental Facts in the Prevention of Tuberculosis.

These are two, being dependent upon the two causative factors.

The first implies the destruction of the germ.

The second implies the strengthening of the weakened body.

The Destruction of the Bacillus of Tuberculosis.

Most consumptives acquired the disease from other consumptives, and this because the latter failed to destroy their sputum, for it is through the sputum of consumptives that tuberculosis is almost exclusively spread.

The problem of destroying the germ almost narrows itself down therefore into destroying all sputum.

This is accomplished by having the patients expectorate into paper spit-cups or napkins that can be burned, or into pocket spit-cups that can be easily disinfected, or into spittoons containing solutions like lye or carbolic acid (five per cent.), which kill the germ.

Consumptives should avoid coughing or speaking into other people's faces; should have separate eating utensils which are boiled after use; should wear no beards; should bathe hands frequently, especially before eating; and should sleep in separate beds and rooms.

The bed and personal clothing and the rooms occupied by such persons should be sunned and aired as much as possible, for fresh air and sunlight will kill in a few hours the germs that live for months in damp, dark places. Because the germs live longest under such conditions, tuberculosis has also been called a house and a filth disease. Rooms of consumptives should also, when convenient, be fumigated from time to time by formaldehyd or other method.

Regarding infection through milk, it is hoped the time will soon come when all dairy herds will be free from tuberculous cattle.

The Development of the Resistance of the Body.

The elimination of the accessory or predisposing cause is accomplished by building up the bodily health.

The causes of physical weakness or retrogression were discussed in a previous paragraph and their eradication at the same time indicated.

In a few words, the proposition is to have all such persons breathe pure air only and constantly, every hour in the twenty-four; to eat slowly nutritious food-stuffs; and to obtain all the rest and sleep needed, with just enough bodily exercise to keep the body in good tone.

These are simple rules, but because they are in opposition to the present mode of living of many people, are extremely difficult of adoption. Teachers by word and practice in school-room can inculcate these truths with lasting effect on their pupils.

The Cure of Tuberculosis.

There is no medicinal or climatic specific or cure for tuberculosis. The basis of modern treatment, and that which is responsible for most of the healing and cures, is what is known as the hygienic-dietetic treatment. This is nothing more than the mode of life just mentioned. It can be carried out anywhere. Home climate with comforts and contentment is always superior to faraway climates with straitened circumstances and homesickness.

Tuberculosis is healed or cured by making the blood and tissues richer and stronger. This enables them to resist and often overcome the germs and to repair the damage which has been done.

The tuberculous patient, however, needs supervision by a physician who has made a study of the disease. Complications are constantly arising and the hygienic treatment is not as simply carried out in practice as it is expressed in words. Every consumptive therefore should be under the care of a private or dispensary or hospital physician. If he can enter a sanatorium (place of healing) his chances of cure will be increased.

Sure cures in the way of patent medicines, and especially cough medicines containing alcohol or opiates, are dangerous. Valuable time is lost by such temporizing.

Pure air, good food, sufficient rest, a hopeful temperament, and supervision by a competent physician—these are the elements that make for cure, just as they are also potent forces for prevention.

In spreading the knowledge of these truths teachers can be of inestimable service in this great struggle.

"THE TEACHER AN IMPORTANT FACTOR."

A cash prize of One Hundred Dollars was awarded to the Verein zur Bekämpfung der Schwindsucht in Chemnitz und Umgebung for a leaflet for mothers, reproduced below.

Schutz vor Schwindsucht.

Merkblatt für Mütter.

Eine der verheerendsten Krankheiten ist die Schwindsucht. Ein Siebentel aller Menschen erliegt ihr. Sie entsteht durch einen winzig kleinen, nur bei starker Vergrösserung sichtbaren Krankheitskeim, den Tuberkelbazillus. Sie ist ansteckend, d. h. sie kann von einem Menschen zum andern übertragen werden.

Nicht die ausgeatmete Luft ist gefährlich; die Ansteckung findet meistens durch den Auswurf statt, insbesondere dadurch, dass der Auswurf von Brustkranken auf den Fussboden oder ins Taschentuch gespuckt wird, hier trocknet und verstäubt, und einige der zahlreich darin enhaltenen Krankheitskeime von Gesunden eingeatmet werden.

Die ersten Anzeichen der Lungenschwindsucht sind: andauernder Husten, Auswurf, Abmagerung, Appetitlosigkeit, Mattigkeit, Bruststechen, Fiebergefühl (Frösteln, Hitze), Nachtschweisse, Kurzatmigkeit, Blutarmut. Ein fast sicheres Zeichen von Schwindsucht ist Bluthusten.

Kein Mensch ist vor Erkrankung an Tuberkulose sicher. Besonders häufig erkranken Nachkommen Schwindsüchtiger, dann diejenigen, die in enge Berührung mit Schwindsüchtigen kommen, schliesslich die in staubigen Betrieben Arbeitenden (Müller, Bäcker, Schleifer, Tischler, Schneider u. a.).

Kinder sind gefährdeter als Erwachsene, besonders, wenn sie nicht an der Brust aufgezogen sind, an Magerkeit, Blutarmut, Darmkatarrhen, Appetitlosigkeit, Skrofulose oder englischer Krankheit leiden oder Keuchhusten, Masern oder Scharlach eben durchgemacht haben.

Wie schützt die gesunde Mutter sich und ihre Kinder vor Schwindsucht?

Ganz besonders hat die Mutter die Pflicht, die **Lehren der Gesundheitspflege** strengstens zu beachten. Jede Vernachlässigung schädigt auch ihre Kinder.

Die michtigsten Vorschriften lauten:

Die Wohnung sie geräumig, sonnig und sauber: Luft und Sonne vernichten bald die meisten Krankheitskeime, darunter auch den Keim der Schwindsucht.

Wähle das grösste Zimmer zur Schlafstube! Stelle lieber in jedem Zimmer Betten auf, als dass du viele Personen in einem Zimmer schlafen lässest!

Halte die Wohnung rein und staubfrei! Wische Fussböden, sowie Möbel mit feuchten Tüchern!

Gesunde Kinder und Erwachsene sollten in jeder Jahreszeit sich täglich einige Zeit im Freien aufhalten. Ein Fenster des Schlafzimmers lass auch nachts etwas geöffnet!

Meide Tanzböden und rauchige Lokale, gehe lieber ins Freie!

Gehe frühzeitig zu Bett! Erwachsene sollten 8 Stunden, Kinder 10 bis 12 Stunden schlafen.

Wasche Dir und Deinen Kindern jeden Morgen den Oberkörper, jede Woche zweimal die Füsse mit Wasser und Seife! Erwachsene sollten wöchentlich einmal, Kinder zweimal ein Voll- oder Brausebad nehmen. Säuglinge sind täglich warm zu baden.

Wasche Dir und Deinen Kindern stets die Hände vor dem Essen!

Halte die Mundhöhle sauber! Erwachsene und ältere Kinder sollten nach jedem Essen den Mund spülen, Zähne und Zahnfleisch mit der Zahnbürste reinigen, festsitzende Speisereste entfernen. Schlechte Zähne—auch die Milchzähne der Kinder—sollte man durch den Zahnarzt füllen lassen.

Die beste Ernährung für Kinder im ersten Lebensjahre ist die Mutterbrust. Für die gesunde Mutter ist sie die billigste und beste, für das Kind ist sie der beste Schutz vor Krankheiten auch fürs spätere Leben.

Ist die Mutter schwindsüchtig, so darf sie nicht stillen. Ist Brusternährung durch Mutter oder Amme nicht möglich, so ist das Kind im ersten halben Jahre nur mit verdünnter Milch zu ernähren.

Halte den Sauger sauber! Ausserhalb der Mahlzeit dürfen Kinder nie einen Sauger (Schnuller, Lutsch) im Munde haben.

Die Nahrung der Erwachsenen bestehe aus Fleisch, Fett, mehlhaltigen Stoffen und Gemüsen! Einen nahrhaften und preiswerten Fleischersatz bildet der Käse. Von pflanzlichen Nahrungsmitteln sind reich an Nährstoffen und gleichwohl billig: Reis, getrocknete Erbsen, Bohnen und Linsen. Milch sollte, besonders von Kindern, reichlich, aber nur in gekochtem Zustande genossen werden. Die Milch, die ältere Kinder auch als Milchsuppe, Erwachsene auch mit Kaffee oder Tee geniessen können, stillt auch in unschädlicher Weise den Durst. Gib lieber Geld für Milch, als für alkoholische Getränke aus! Letztere sind für Erwachsene, auch für stillende

Mütter, meist unnötig und entbehrlich, für Kinder so gut wie immer schädlich, ganz selten in Krankheitsfällen erlaubt und geboten.

Peinlich sauber halte alle Ess- und Trinkgeschirre—Nachtgeschirr und Klosett nicht weniger!

Sauber sei auch das Spielzeug Deiner Kinder! Kindern, die noch alles in den Mund steckne, sollte nur abwaschbares Spielzeug in die Hände gegeben werden.

Lass Dein Kind nicht auf unsauberen Fussböden herumkriechen! Gar leicht könnte es die am Fussboden beschmutzten Finger in den Mund stecken oder mit ihnen in der Nase bohren und so die Tuberkulose erwerben.

Vermeide den engen Umgang mit Schwindsüchtigen. Lasz Deine Kinder nie von Kranken oder Unbekannten pflegen oder küssen!

Vermeide den engen Umgang mit Schwindsüchtigen. Lass Deine Kinder nie von Kranken oder Unbekannten pflegen oder küssen!

Vermeide den engen Umgang mit Schwindsüchtigen. Lasz Deine Kinde.

Ganz meide diejenigen Schwindsüchtigen, die unsauber mit ihrem Auswurf umgehen, ihn ins Taschentuch oder gar in rücksichtsloser Weise auf den Fussboden spucken! Dagegen ist der gewöhnliche Verkehr mit sauberen und ihren Auswurf in reinlicher Weise in Spuckgefässe entleerenden Schwindsüchtigen ohne Gefahr.

Ehe Du für ein schwächliches Kind einen Beruf wählst, frage den Arzt, welchen Beruf das Kind ohne Schaden für seine Gesundheit ergreifen kann!

Wie schützt der Schwindsüchtige seine Umgebung vor Ansteckung?

Es ist **Pflicht** jedes Lungenkranken, äusserst vorsichtig mit seinem Auswurf umzugehen.

Niemals spucke er auf den Fussboden, aber auch niemals ins Taschentuch! Er entleere seinen Auswurf ausnahmslos in einen Spucknapf oder in ein Taschenspuckfläschchen, das er stets bei sich führen muss.

Die Spuckgefässe sind täglich in den Abort zu entleeren!

Beim Husten halte der Kranke ein Tuch vor den Mund.

Der Kranke schlafe in einem besonderen Bett! Womöglich bewohne er ein eignes Zimmer!

Körper, Kleidung und alle Gebrauchsgegenstände muss er peinlich sauber halten. Seine gesamte schmutzige Wäsche muss von der Wäsche der Gesunden getrennt aufbewahrt und gesondert gewaschen werden.

Er benutze eigenes Wasch-, Ess- und Trinkgeschirr.

Er heirate nicht, es sei denn, dass er völlig geheilt und mindestens 2 Jahre hindurch geheilt geblieben ist.

Ist der Vater eines Neugeborenen schwindsüchtig, so sollen Mutter und Kind ein besonderes Zimmer beziehen. Ist die Mutter schwindsüchtig, so muss das Kind in eine andere Wohnung und Pflege gegeben werden, soll es nicht der Ansteckung verfallen.

Die Schwindsucht ist nicht nur vermeidbar, sondern, wenn frühzeitig erkannt, auch heilbar.

Je früher die Krankheit erkannt, je früher gegen sie z. B. durch eine Kur in einer Lungenheilstätte eingeschritten wird, um so günstiger sind die Aussichten auf Heilung.

Deshalb versäume niemand, der an sich oder seinen Angehörigen und namentlich seinen Kindern die ersten Anzeichen einer tuberkulösen Lungenerkrankung zu verspüren glaubt, schleunigst einen Arzt zu Rate zu ziehen, **ehe es zu spät ist.**

[Translation.]

Protection Against Consumption

Directions to Mothers.

Consumption is one of the most destructive diseases. It destroys one-seventh of the entire population. It is caused by a very minute germ, the tubercle bacillus, which is visible only under high magnification. The disease is contagious, that is, it can be transmitted from one person to another.

It is not the expired air that is dangerous; the infection as a rule is carried by the expectoration or sputum, especially when the sputum of a consumptive person is expectorated on the floor or into a handkerchief, dries and is converted into dust, and some of the innumerable germs contained in it are inhaled by healthy persons.

The first signs of consumption are: protracted cough, expectoration, loss of flesh, loss of appetite, a sense of fatigue, sharp pains in the chest, feverishness (chilliness and heat), night-sweats, shortness of breath, and anemia. Spitting of blood is an almost certain sign of consumption.

Nobody is secure from infection with tuberculosis. The descendants of consumptives contract the disease more frequently than any others; next are those who come into close contact with consumptives; and, finally, those who are engaged in dusty occupations (millers, bakers, grinders, carpenters, tailors, and others).

Children are more predisposed than adults, especially those who have not been brought up on breast-milk, children suffering from emaciation (loss of flesh), anemia, intestinal catarrh, loss of appetite, scrofula, or rickets, and children who have just recovered from an attack of whooping-cough, measles, or scarlet fever.

How Shall a Healthy Mother Protect Herself and Her Children Against Consumption?

Strict observance of the laws of health is the special duty of a mother. Any infraction of these laws injures her children as well as herself.

The most important rules are the following:

The house must be roomy, sunny, and clean. Air and sunlight destroy most disease germs, including the germ of consumption.

Select the largest room in the house for a bedroom. It is better to put a bed in every room than to have several persons sleep in the same room.

Keep the house clean and free from dust. Wipe the floors and furniture with a damp cloth.

Healthy children and adults should spend part of every day in the open air at all seasons of the year. One window in the bedroom should be left partly open during the night.

Avoid dance-halls and smoky places; it is better to take your recreation in the open air.

Go to bed early. Adults require eight hours of sleep, children from ten to twelve hours.

Wash the upper part of the body every morning, and the feet twice a week with soap and water. This applies to yourself as well as to your children. Adults should take a full bath or shower-bath once a week, and children twice a week. Infants should have a warm bath every day.

Always wash your own hands and your children's before meals.

Keep the mouth clean. Adults and older children should rinse the mouth after every meal, cleansing the teeth and gums with a tooth-brush and removing all particles of food. If the teeth are decayed, have them filled by a dentist. This applies to the first set of teeth also.

The best food for infants during the first year of life is breast-milk. For a healthy mother it is the best and cheapest; also the best protection for the child against disease in later life.

If the mother is consumptive she must not nurse her baby. If breast-feeding by the mother or by a wet-nurse is impossible, the baby must be fed on diluted milk exclusively during the first six months.

Keep the nipples clean. Do not allow the child to suck rubber nipples.

For adults the food should consist of meat, fat, farinaceous foods, and vegetables. Cheese is a valuable substitute for meat. The following vegetables are both nutritious and cheap: rice, dried peas, beans, and lentils. Plenty of milk should be given, especially to children; but only boiled milk. Older children may take it in the form of milk- (cream-) soups, and adults with coffee or tea. Milk incidentally satisfies thirst and is a harmless beverage. Better spend money for milk than for spirituous liquors. They are in most cases unnecessary for adults, including nursing mothers; for children they are practically always harmful. In case of sickness only they are occasionally allowable or may even be prescribed.

Keep your eating-, drinking-, and washing-utensils clean—also the chamber and water-closet.

See that your children's toys are clean. Small children who put everything into their mouths should be allowed to have only washable toys.

Do not let your children creep about on dirty floors. The fingers become soiled by contact with the floor, and the child is very likely to put them in its mouth or pick its nose and thus acquire tuberculosis.

Avoid intimate association with consumptives. Never allow your children to be kissed by persons who are ill, or by strangers.

Avoid all consumptives who are careless in the disposal of their sputum and expectorate into their handkerchiefs or even on the floor. On the other hand, ordinary intercourse with consumptives who are cleanly in their habits and dispose of their sputum in spit-cups or cuspidors is without danger.

Before you choose an occupation for a delicate child ask your doctor what occupation the child may follow without injuring its health.

How Shall a Consumptive Protect His Surroundings Against Consumption?

It is the duty of every consumptive to use the utmost care in the disposal of his sputum. He should never expectorate on the floor, nor should he ever use his handkerchief for that purpose. The sputum should be disposed of in cuspidors or in a pocket-flask, which he should always carry with him.

The contents of spit-cups and cuspidors should be emptied every day into the water-closet.

When coughing the patient should hold a handkerchief up to his mouth.

The patient should sleep in a separate bed and, if possible, in a separate room.

The person, the clothing, and every article he uses must be kept scrupulously clean. The soiled linen of consumptives must be kept separate from the linen of healthy persons and washed by itself.

The patient should use his own washing-, eating-, and drinking-utensils.

He should not marry unless he is completely cured and has remained well for at least two years.

If the father of a new-born infant is consumptive, mother and child should move into a separate room. If the mother is consumptive, the child must be sent to another house and taken care of by some one else, if it is to escape infection.

Consumption is Not Only Avoidable; if Recognized Early, it is Also Curable.

The earlier the disease is recognized, the earlier it is combated by a course of treatment in a sanatorium or other similar institution, the more favorable is the prospect of cure.

Hence, as soon as any one notices the first signs of tuberculous disease of the lungs in himself or in a member of his family, he should consult a physician at once, before it is too late.

A gold medal was awarded to Dr. George H. Kress, of Los Angeles, California, for an educational leaflet reproduced below.

Facts a Mother Should Know Concerning Tuberculosis.

Tuberculosis a Disease Responsible for Untold Sorrow to Mothers.

Tuberculosis or consumption is a disease which robs the mothers of the world of one out of every ten children.

The causes of this disease are known, likewise the means whereby it may be prevented.

Every mother owes it to herself and her family to know about tuberculosis, so that the lives of her children may not be placed in peril.

The Frequency of Tuberculosis.

In the United States more than 150,000 persons die every year from tuberculosis. The great majority of these persons are in the prime of life. Many of these persons are married and their untimely deaths mean dependent families to be cared for by the State.

The loss in money to the United States from these preventable deaths every year amounts to more than three hundred million dollars. The suffering caused by the disease it is impossible to estimate.

Two Important Facts About Tuberculosis.

Tuberculosis is preventable.
Tuberculosis is curable.

These are most important facts, worthy of widest circulation, especially since contrary ideas prevail.

Universal prevention and cure of this disease will result only when there is universal effort against it.

In this work of prevention and cure, the mothers of the world can wield a tremendous influence.

The world counts on the aid of the mothers, for what mother would condemn either her own or any other child to an unnecessary death?

What Are the Causes of Tuberculosis?

First, there is an exciting cause, which is a very small plant called a germ.

There can be no tuberculosis unless this germ be present in the body.

Second, the person who takes this disease has a body that is favorable to it.

Any person whose health and strength are run down is predisposed to tuberculosis, because in such a person there is not much resistance.

The two things necessary, then, for tuberculosis are the presence of a certain germ in the body of a person whose health for any reason has been run down.

What the Germ Does in the Lungs.

When the germ gets into the body of a person who is run down in health, it finds a soil suitable for its growth and produces the disease called tuberculosis.

The germs produce little granules called tubercles, which may later become little ulcers or abscesses.

Poisons are also thrown out by the germs and get into the blood and these poisons cause most of the symptoms of the disease.

What Are the Symptoms of Tuberculosis?

The symptoms are different according to the stage.

It is the symptoms of the early stages that should be learned, for it is then that cure can be brought about and lives saved. What are these symptoms?

This disease usually comes on in very slow and mild fashion. That is what throws the persons infected off their guard. There may be nothing more than a tired feeling, especially after work, a lessened appetite, some loss of weight, and perhaps an occasional cough.

As the disease grows worse, these symptoms do likewise. The loss of weight may be very noticeable, there may be fever and night-sweats. With the more frequent cough much sputum may be expectorated.

In the far advanced stages some of these symptoms, like cough, loss of weight, and fever, may be very pronounced. Then we have the picture of the "consumptive."

How May Tuberculosis Be Prevented?

Tuberculosis is prevented by doing two things:

1. Killing the germs that cause the disease.
2. Having people become healthy, so that they will not be predisposed to the disease.

How Are the Germs To Be Destroyed?

The germs are scattered far and wide in the sputum which is coughed up by consumptives. One consumptive can cough up in a single day several billion of these germs.

When this sputum dries as dust, the germs are blown about in all directions to get into the air we breathe and on the food and things we eat and

handle. In this way every person at some time in life probably gets the germs into his body.

To destroy these germs, all that is necessary is to destroy the sputum.

If sputum be coughed into paper cups or napkins, these can be burned and the germs destroyed. For spittoons, disinfectant solutions like lye should be used.

Coughing in people's faces or spitting on the streets, and especially on floors, is dangerous.

How May the Predisposition of a Weakened Body Be Overcome?

Bodily weakness, that is, the predisposition to tuberculosis, may be overcome by right living, particularly by breathing pure air, eating nourishing food, and getting the proper proportion of rest and exercise.

A child weak at birth should be guarded, and as it grows older made to spend much time out of doors.

Children weak from diseases like measles or whooping-cough should not be neglected. These and kindred diseases are often responsible for tuberculosis being set up later on in life.

Children should not be made to work at too early an age, nor allowed to study so hard as to interfere with health.

The food should be eaten slowly, and should always be nourishing. If cows' milk is used, it should be obtained, if possible, from a dairy having no tuberculous cattle.

The living and sleeping rooms of the family should always be well ventilated. The human body, if it is to be in a healthy state, must have pure air. Bedrooms should not be overcrowded and single beds are advisable.

The above rules can be taken to heart by grown-up persons as well.

These simple rules are worth observing because a healthy body is usually able to overcome tuberculosis, but a weakened body is not.

How May Tuberculosis Be Cured?

Tuberculosis may be cured by the same measures which prevent it, namely, by making the body stronger, so that it will be able to kill the germs that have gotten into the tissues.

The pure air, good food, lots of rest treatment cures more people of tuberculosis than all the medicines that are known.

Avoid patent medicines for tuberculosis, particularly cough medicines, as these usually contain alcohol and opiates, which though they may make the patient feel better, usually allow the disease to grow worse.

The above methods should be carried out under the advice of a private or dispensary physician who has made a study of the disease.

"DEVELOP HEALTHY BODIES."

A silver medal was awarded to Miss Mabel Jacques, Philadelphia, for an educational leaflet, reproduced below.

Educational Leaflet for Mothers.

Upon the children of the present age depends largely the future of the world, physically and hygienically as in every other way. The mothers of these children have, or rather should have, a controlling influence over them; therefore, fundamentally speaking, the mothers of to-day control the future.

Tuberculosis, or consumption as it is more generally termed, being one of the greatest evils of the present, children should be taught to help in the elimination of this evil in the coming age.

Broadly speaking, all the work of the tuberculosis campaign is carried on along preventive lines. Under this head we divide our work into two classes: instruction and nursing. The former we might also divide into *instruction to persons suffering with the disease,* and *to those that are not.* It is probably under the latter heading that the mother can lend her aid most effectively.

Any child may contract tuberculosis if exposed to it, provided his system is in a run-down condition. The old idea that children inherit consumption from the parent has been completely overthrown. It is *not* a hereditary disease. In days gone by the consumptive was kept in a warm, badly ventilated room, surrounded doubtless by his family. His children were likewise coddled and kept as much as possible from the air, lest they too contract the inevitable cold such as their father has. Consequently they are in a run-down, unhealthy condition, well suited to harbor and nourish the germs which they breathe in, as their father breathes them out. In due course of time they likewise develop consumption, though years may elapse before any visible signs are evident. But this is not heredity.

The consumptive of to-day knows, or should know, that taken in the early stage the disease is curable. So let us take for our example the up-to-date consumptive. He does not keep himself and his family in an overheated, badly ventilated room. On the contrary, he has all the air available, and if possible lives in the open. He keeps his children away from him and insists upon their also having an abundance of fresh air. He is particular to keep from them all eating utensils and articles used by him, and his fear is, not that his children will necessarily have the disease, along a line of heredity, but lest in coming in contact with him or his sputum, which is filled with the tuberculosis germ, they may contract the disease; hence the children of the up-to-date consumptive grow steadily into strong, healthy men and women

instead of the narrow-chested, thin, delicate consumptives that the children of the behind-the-age tuberculous parent developed into.

A mother can easily understand from the above illustration how much her influence, started in the right direction and under the banner, so to speak, of the International Crusade against Tuberculosis, will be of unquestionable value in overcoming the spread of the disease and the development of it, in the next generation.

This applies not only to a mother having some member of her family afflicted with the disease, but also to ones who have not; and for those coming under the latter class, I will suggest a few rules which will be of great usefulness to them:

1. Children should, in all seasons, sleep in well ventilated rooms (it not only promotes healthfulness, but also a quiet and restful sleep).

2. Do not coddle them; teach them to care for themselves as soon as possible and in every way possible.

3. Teach them to breathe properly. Deep chest breaths, through the nose and not the mouth. (Mouth breathing not only is injurious to the lungs and prevents their proper development, but is liable to cause throat and nose troubles.)

4. Encourage outdoor life, such as games and sports, also light garden work, if possible, when they are old enough.

5. Watch carefully the carriage of the child, being sure that chest is expanded, thus throwing shoulders back into proper position, and giving the lungs room for development and free action.

6. Give children plain, simple food, but plenty of it at regular hours. (Discourage eating between meals, it upsets the digestion.) Lack of proper digestion causes lack of nourishment, often the beginning of a consumptive tendency; in other words, the likelihood to contract the disease.

7. Have all children in bed at an early hour. Those who are kept up late (as 9 or 10 P. M.) make sickly adults. Insist upon regular hours of sleeping, as of eating.

These rules carried out, even in a fairly bad climate, generally result in healthy children, who, if they come in contact with disease are in a condition strong enough to resist the germs which cause it, and to literally throw them off from their system. From these children will grow a race of healthy men and women.

Mothers who have in their families some member afflicted with the disease, have, in a way, a more difficult course of training to carry on, and yet in another way not quite so difficult, as usually there is the oversight of a physician or nurse. However, the mother's aid to the physician is invaluable, and a few rules, easily applied, will perhaps help to carry out this aid systematically and with more assured success.

1. Arrange for patient to sleep alone in a well ventilated room. If possible, let him occupy some sheltered place out of doors.

2. Keep separate all eating utensils and articles used by patient. Boil them thoroughly after use.

3. Destroy all sputum by burning. Sanitary cups for this purpose can be bought at a drug-store or obtained free from a tuberculosis dispensary.

4. Keep healthy children away from afflicted member of family as much as possible, *never* allowing them to come in contact with patient, as kissing, shaking hands, or embracing them in any way.

5. Insist on patients carefully carrying out the prescribed form of treatment, which now, in most cases, is that carried on in the special sanatoriums for the disease.

If these rules are followed, a consumptive can live at home without being of any physical menace to his family. They apply to the rich as well as the poor. This being true, let the mother of the poor child take up the fight, as well as the mother of the rich, for rich and poor children alike will grow to be the men and women who are to form hoped for healthy future generations of the world.

List of Active Members.

In Alphabetic Order, with Addresses.

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The (C) following the name indicates that the member was also a contributor to the fund.

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Deemer, Elias.....Williamsport.

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Pa. Tuberculosis Disp. No. 2
Pa. Tuberculosis Disp. No. 3
Pa. Tuberculosis Disp. No. 4

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Pa. Tuberculosis Disp. No. 7
Pa. Tuberculosis Disp. No. 8
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Pa. Tuberculosis Disp. No. 10
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Pa. Tuberculosis Disp. No. 64
Pa. Tuberculosis Disp. No. 65
Pa. Tuberculosis Disp. No. 66
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Dr. Eduardo de Menezes, Juiz de Fora (Minas).
Dr. Alfredo do Nascimento, Dispensario da Liga Brazileira contra a Tuberculose, Rio de Janeiro.
Dr. Joao Pedro de Neiga, Sao Paulo.
Desembargador Ataulpho Napoles de Paiva, Rio de Janeiro.

Dr. Pontual, Hospital de Misericordia, Pernambuco.
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Kommission: Wirklicher Geheimer Rat von Leyden, Excellenz.
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Geheimer Medizinalrat Professor Dr. Orth.
Geheimer Medizinalrat Professor A. Baginsky.
Oberstabsarzt Professor Dr. Nietner.

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Kreisassistenzarzt Dr. Ascher, Königsberg.

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Geheimer Reg.-Rat u. Stellvertreter d. Kreishauptmanns, Vorst.-Mitgld. d. Sächs. Volksheilstättenvereins z. Bek. d. Tuberkulose Boeger, Bautzen.

Wirkl. Geh. Rat (Excellenz) Professor Dr. Emil von Behring, Marburg.

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Rules and Regulations.

I.

The Sixth International Congress on Tuberculosis will be held in Washington, D. C., from September 21 to October 12, 1908.

The General Sessions will be held on Monday, September 28, and Saturday, October 3, at 11.00 o'clock a. m., in the Assembly Hall in the New National Museum.

The Section Meetings will be held in the New National Museum daily from September 28 to October 3.

The Exhibition will be held in the New National Museum, and will be open daily from September 21 to October 12.

II.

MEMBERSHIP.

There are two classes of members:

Active Members pay a fee of five dollars, and they receive, besides the ordinary privileges of membership, the full set of published transactions without extra charge.

Associate Members pay a fee of two dollars. They do not receive the published transactions or vote in the Congress. They receive the official badge, the printed matter distributed during the Congress and at the Exhibition; they share in the entertainments, attend the meetings, clinics, demonstrations, etc., and have the benefit of special transportation and hotel rates.

The Exhibition will be open to the general public, and so will the special evening lectures, all the lectures given in connection with the Exhibition, and the general sessions on Monday, September 28, and on Saturday, October 3.

III.

Each active member of the Congress will receive, without charge, one copy of the Transactions of the Congress, which will be published in four or more volumes.

The price of the Transactions to Non-Members will be $15.00 per set,

or $5.00 per single volume. The Transactions will be sold by the National Association for the Study and Prevention of Tuberculosis, 105 East Twenty-second Street, New York.

IV.

The Congress is divided into seven sections, as follows:

Section I. Pathology and Bacteriology
Section II. Clinical Study and Therapy of Tuberculosis—Sanatoriums, Hospitals, and Dispensaries.
Section III. Surgery and Orthopedics.
Section IV. Tuberculosis in Children—Etiology, Prevention, and Treatment.
Section V. Hygienic, Social, Industrial, and Economic Aspects of Tuberculosis.
Section VI. State and Municipal Control of Tuberculosis.
Section VII. Tuberculosis in Animals and Its Relations to Man.

V.

The general sessions of the Congress are the opening meeting in Washington, on September 28, at 11.00 o'clock A. M., and the closing meeting, on October 3, at 11.00 o'clock A. M. The section meetings will be held daily in accordance with the announcements in the program.

VI.

The official languages of the Congress are English, French, German, and Spanish.

VII.

The Congress, under general supervision of the Committee on the International Congress, is conducted by a President, Vice-Presidents, a Secretary-General, and a Treasurer.

Each section is conducted by a President, Vice-Presidents, and one or more Secretaries.

At the general opening meeting honorary presidents of the Congress will be appointed upon motion of the Committee of the International Congress.

At the first session of each Section the proposals of the President of the Section will be acted upon and honorary presidents of the Section will be elected.

The responsible direction of each Section is held by the regularly appointed President, who, however, is privileged to invite the elected honorary presidents of the Section to take the chair.

VIII.

Each contributor of an address, paper, or report to the Congress, or to any of the Sections, was requested to present to the Secretary-General of the Congress a short summary before July 15, 1908.

The referees and co-referees participating in the discussion of a theme are each allowed not more than fifteen minutes.

The limit of time allowed for the reading of papers is not to exceed ten minutes.

Each speaker participating in the discussion of themes or papers is allowed five minutes.

Each participant in a discussion must write out his remarks and hand them to the Secretary of the Section before the close of the meeting, in order to secure their appearance in the transactions.

IX.

The Secretary of each Section is to record the minutes and transactions of the Section and furnish a report to the President of the Section, who is responsible for the presentation of the proceedings to the Secretary-General, including the papers and discussions of the Section.

X.

No resolutions relating to purely scientific questions are to be acted upon by the Sections or by the Congress. All resolutions presented to the Congress must be referred to a Committee on Resolutions to be appointed, on nomination of the Committee of the Congress, by the Congress at the opening session. This Committee shall report at the closing session of the Congress.

General Index.

The italic numerals refer to volumes and not to Sections.
Volume I contains the proceedings of Section I and Section II.
Volume II contains the proceedings of Section III and Section IV.
Volume III contains the proceedings of Section V.
Volume IV contains the proceedings of Section VI and Section VII, with the Joint Session of Sections I and VII.
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